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ABSTRACT

This document is a collection of the second session of hearings on drug abuse in the schools, conducted for the House of Representatives' Select Committee on Crime. This particular part delves into the drug problem in Los Angeles. Witnesses from this city whose statements were heard in the 1972 hearings include school teachers, former drug addicts, undercover police officers, district attorneys, school principals, and executive administrators of city school systems. Relevant data are included in tables and charts throughout the documents. The findings on the other cities involved in these hearings can be found in the ERIC collection. (SES)

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DRUGS IN OUR SCHOOLS

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HEARINGS

BEFORE THE

SELECT COMMITTEE ON CRIME

HOUSE OF REPRESENTATIVES

NINETY-SECOND CONGRESS

SECOND SESSION

LOS ANGELES, CALIF.

DECEMBER 8 AND 9, 1972; LOS ANGELES, CALIF.

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Printed for the use of the Select Committee on Crime

(Created pursuant to H. Res. 115)

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DRUGS IN OUR SCHOOLS

FRIDAY, DECEMBER 8, 1972

House of Representatives,
Select Committee on Crime,
Los Angeles, Calif.

The committee met, pursuant to notice, at 10:15 a.m., in the Board of Supervisors Hearing Room, Los Angeles County Hall of Administration, 500 West Temple Street, Los Angeles, Calif., Hon. Claude Pepper (chairman) presiding.

Present: Representatives Pepper, Waldie, Murphy, Wiggins, and Winn.

Also present: Joseph A. Phillips, chief counsel; Michael W. Blommer, associate chief counsel; Chris Nolde, associate counsel; and Leroy Bedell, hearings officer.

Chairman Pepper. The committee will come to order, please.

Ladies and gentlemen, the House Select Committee on Crime is privileged this morning to have an opportunity to hold hearings here in this great city and county of Los Angeles.

We wish further to express our gratitude to the supervisors for allowing us the privilege of using this magnificent hearing room. We wish warmly to express our thanks to many other officials who have cooperated with our committee and staff in making this hearing possible for us.

At the beginning, I would like to introduce my distinguished colleagues on the committee. The Honorable Jerome E. Waldie, who comes a little bit from the north, one of your Representatives in the U.S. House of Representatives, the ranking Democrat on this committee.

The Honorable Morgan Murphy, next to him, a distinguished Representative from the city of Chicago. Beyond him, we are very pleased to have as a guest of the committee today, one of your distinguished Representatives from this area, Hon. Glenn Anderson. We appreciate very much his being with us. We will hear from Mr. Anderson a little bit later.

On my left, the distinguished ranking minority member of this committee, who has contributed much to the work of the committee, Hon. Charles E. Wiggins. Mr. Wiggins serves this area in the House of Representatives with distinction. Beyond him, from the Kansas City, Kans., area, Hon. Larry Winn, Jr.

Also with us are members of the staff. On my right, Mr. Joseph A. Phillips, chief counsel; on my left, Michael W. Blommer, associate chief counsel; and on the end, Chris Nolde, associate counsel.

I would like to make a brief statement and then invite Mr. Anderson, if he would like, to make a statement.

On June 19, 1972, the U.S. House of Representatives Select Committee on Crime initiated an extensive series of hearings which has taken us to various cities and suburbs across the Nation.

We have conducted inquiries in New York, Miami, San Francisco, Chicago, and Kansas City. These hearings are concerned with drugs in our schools, a condition which has become so extensive and so pervasive that it has assumed the proportions of a matter of great national concern. Our hearings are designed to determine the extent to which drugs are being bought, sold, and abused by children in our schools.

More important, however, the committee has inquired into the abject failure of our governmental institutions, especially our schools, to attack the problem of increased drug abuse by school-age children. It is shocking that most of our school systems have no program, and few have an effective program, to combat drug abuse or to assist a child with a drug problem.

Regrettably, the policy of most school boards seems to be one of turning away from the problem by refusing to acknowledge the extent to which it exists at the local school level. Ignoring this problem or sweeping it under the rug, as we say, as has been the case, is a tremendous disservice to our youth and our community.

As the President proclaimed last year, our Nation is presently involved in a national drug epidemic—a national emergency. The number of drug addicts in this country has been steadily and alarmingly increasing: from 315,000—I am speaking now about heroin addicts—315,000 in 1969 to 559,000 in 1972. The overwhelming portion of that increase has been among our Nation's school-age youth.

Recently a national commission found that 6 percent of our Nation's high school pupils had used heroin. That means that 1½ million of our school boys and girls are already gravely endangered by that deadly menace.

The national drug epidemic has been especially devastating to our major cities and metropolitan areas. In New York, we found that drug abuse and the crime integrally connected with it were corroding and destroying the very fabric of the school system. According to many responsible officials, the schools had become sanctuaries and havens for drug sales due to the laxity and ineffectiveness of the school officials.

I remember very well a young student in high school who testified at one of our hearings that he never did go to school unless he ran out of drugs. He always knew he could find drugs in the school, and that is why he attended.

Although the conditions in Chicago, Miami, Kansas City, and San Francisco are not nearly as desperate as New York, the drug abuse situation in those cities, however, is extremely serious and growing worse.

California, as a whole, however, apparently has been more severely damaged by a drug epidemic than any other State in the Nation, with the possible exception of New York.

California's high schools, unfortunately, we are told, lead the Nation in drug abuse by a substantial margin. Drug abuse in California's school system with amphetamines, barbiturates, psychedelics, and cocaine, far exceeds the national average. In a representative school here, more than 30 percent—these are the figures supplied to us—more than 30 percent of the students had used barbiturates or "downers"; more than 30 percent had used amphetamines; 21 percent had used LSD—acid; 23.4 percent had used other psychedelic drugs—mescaline, peyote, THC, and PCP; 17.6 percent had used Methedrine—speed; 8 percent had used cocaine; 5 percent had used heroin; and 56 percent had used marihuana. The percentages for amphetamines, barbiturates, LSD, psychedelics, and Methedrine are 5 to 10 percent above the national averages.

California's drug arrests are tremendously higher than the rest of the country. In fact, the drug arrests of teenagers in California—these are the figures that have been supplied us—last year—49,298—exceeds the juvenile drug arrest totals of New York, 17,477; Michigan, 9,488; Florida, 8,294; Illinois, 6,629; Pennsylvania, 4,869; and Kansas, 1,145, combined.

Tragically, more than 650 school-age children have died of drug overdose in this State in the last 3 years. In that period, deaths from overdoses have doubled.

Incidentally, apparently the death rate is going up all over the country. In my county of Dade, of which Miami is the county seat, the number has quadrupled in the last few years.

Los Angeles County, of course, accounts for more than half of the State's drug-related crime. In 1971, all drug-related overdose deaths in Los Angeles rose to 1,359, an increase of 19 percent over the prior year. Over 60 percent of those who died were young people who came from every geographic area in the county and who were representative of every racial, ethnic, and socioeconomic group in the area.

There is one thing our hearings have clearly disclosed and that is that drug abuse is no longer confined to the poverty stricken, the ghetto areas of the country. It is in the suburbs. In my city of Miami, the son of one of the heads of the largest financial institutions in the South died a little while ago at 18 years of age of an overdose of heroin. A handsome lad who had everything to live for. He learned to shoot heroin in high school and finally died from it.

In addition to the drug overdoses which result in death, there are a tremendous amount of young people who are hospitalized as a result of drug overdose, but who eventually recover and are discharged. Also, in 1971, a hospital in this area—Harbor General—accounted for more than 1,000 drug overdoses—30 percent of those individuals were teenagers, 70 percent were under 30 years of age. Even more remarkable is the fact that at USC Los Angeles County Hospital there have been recently more than 9,000 drug-related admissions a year—approximately 25 a day.

Even though the narcotics and dangerous drug problem is prevalent in all areas and at all levels of the school system, the school authorities have done little or nothing to combat it. At the very minimum, one would have expected that a comprehensive study of drug abuse in the schools would have been undertaken—no such study has been conducted. In fact, when a university group requested to do such a survey in Los Angeles schools, they were discouraged.

To show you that you are not alone in that attitude, in that respect, the Dade County School Board was requested by the Dade County commissioner to make a survey of drugs in the schools of Dade County. The school board declined to do it until after we had had our hearing there and made that fact a matter of public knowledge.

Although California law requires that this county's 1.6 million students receive education on the harmful effects of dangerous drugs, few, if any, school districts have made an attempt to implement a comprehensive, planned program of preventive drug education. In fact, most efforts in this regard have been fragmentary and sporadic. Some, according to students, have been counterproductive. School authorities explain this failure by asserting that their efforts to design, implement, and maintain any viable drug education program have been precluded and greatly impaired by lack of funds.

That is basically the problem all over the county. I recall when we were in Chicago, at the home of our distinguished member here, Mr. Murphy, we were told many of the schools we were going to visit have to close in December of this year because they don't have the money to carry on the ordinary activities of the school, let alone to put in drug counselors and to instruct the teachers and the parents in respect to the drug problem.

In preparation for these hearings, the committee's investigative staff has interviewed teachers, principals, students, police and court officials, health and medical authorities, and many others. On the basis of these preliminary evaluations, it can be concluded that the drug abuse problem in the Los Angeles County schools is extremely serious—it is one of the most severe in the Nation. Apparently, and unfortunately, as it is in other parts of the country, including mine, it appears to be getting worse. Just this week, 26 youths were arrested for sale of large amounts of drugs at a local high school. The problem of drug abuse in our schools is so extensive that investigations, with similar results, could easily be conducted in practically every large high school in this State and in the country.

On the basis of the evidence produced at our hearings thus far, it appears that concerted and determined effort by the National, State, and local governments is desperately needed if this crisis is to be abated.

We are, of course, at the Federal level in our functioning, and I certainly feel that the Federal Government has been grievously remiss in the past in not doing enough. What we are considering in the report we are in the process of preparing, is to recommend a program under which the Federal Government would assume a much larger role in trying to meet this problem.

So I say that we hope it can be a concerted and determined effort by the National, State, and local governments. The Federal Government must take an active and prominent role in the fight against drug abuse, especially at our schools. We cannot let these young people's lives turn to crime and drug addiction. It is the committee's hope that these hearings will be the first step in an effort which will result in the reclamation of these young drug users. We hope it is the beginning of a national commitment to assure drug-free schools and drug-free student lives.

In the course of our hearings, we will be taking testimony from leading authorities concerned with the problems of drug abuse. A cross section of the school system, including the superintendent, school administrators, principals, and classroom teachers, will be represented. We will also call a number of school-age youngsters who have been in the drug scene and can testify from firsthand experience about the crisis in our schools.

The Select Committee on Crime is here as the result of a joint resolution by Congressmen Jerome Waldie and Charles Wiggins calling for this hearing. That timely resolution called this problem to the attention of the Congress and the Nation. Congressmen Waldie and Wiggins called for this inquiry when they learned of the national survey by Columbia University which showed extensive drug abuse in many parts of the country, including the State of California.

I have already introduced my distinguished colleagues and members of our staff. Now, I would like to invite the Honorable Glenn Anderson to make any statement he would like to make to the committee.

STATEMENT OF HON. GLENN M. ANDERSON, A U.S. REPRESENTATIVE FROM THE STATE OF CALIFORNIA

Mr. ANDERSON. Thank you, Mr. Chairman.

Mr. Chairman, I first would like to welcome you and your very distinguished committee to sunny Los Angeles. We felt, you being from Miami, that we would give you a little bit of our liquid sunshine to make you feel at home.

Chairman PEPPER. Mr. Anderson, if you would let me interrupt you.

At one time I used to come out here a lot, and I am always delighted to come to this wonderful part of America and the world. At one time—I hope I wasn't being offensive to my colleagues—I said these two States were so lovely they should not be divided by a name. The two of them should be jointly called Cali-Florida and Flori-Cal.

Mr. ANDERSON. I know we always welcomed you and were happy to have you come out here over the many, many years. It is very good to see you back.

I want to commend you and your committee for the leadership you have taken over the years in the fight against abusive drugs.

It was your investigation on amphetamines that led to the pressure that forced the administration to finally place stringent controls on speed and other potentially dangerous drugs. The outcry that followed your disclosure that "speed" was being legally delivered to an address that was, in fact, the 11th hole on a golf course, aroused the Federal officials and the public that something was wrong.

I was pleased to join with you in that fight, and I am pleased that we eventually convinced the administration that strict controls on the manufacture, production, and distribution of speed was needed.

But the fight to curb drug abuse is not over. In fact, it has just begun, and it is or responsibility to wage total war on the drug epidemic which has swept our country and left broken lives in its wake.

Mr. Chairman, I realize that the subject of these hearings is "Drugs in Our Schools"; however, with your permission, I would like to broaden the scope of this investigation and talk about the root problems which have brought about this crisis.

THE MEDIA

First, the media.

Mr. Chairman, I have no quarrel with the media—television, radio, newspapers, and magazines—and their coverage of the news. I do not want to silence Walter Cronkite, John Chancellor, or Harry Reasoner. Nor do I want Government censorship of the telecasts. But I do fault the media and the advertising industry for their constant bombardment of the airwaves with ads for one drug or another.

A viewer cannot even watch the 6 o'clock news without witnessing a confrontation between mother and child, and rather than scream at the child, the mother rushes to the medicine cabinet to pop a pill.

In another one of these episodes, staged to whet the viewer's appetite for drugs, a husband tells his wife, "I think I'll keep you," simply because she used some miracle cure-all.

Mr. Chairman, aspirin has a function in this society, but it has been finally disclosed after years of study that chicken soup goes further in curing a cold than many of the so-called wonder drugs—a statement that is surely no surprise to the Jewish mother who made this discovery centuries ago.

What does this mean? It means that the drug industry and its handmaiden, the advertising industry, have so influenced this Nation that drugs are "the answer" that it is little wonder that we have drugs in the schools.

Go into any home, look into the medicine cabinet. There are bottles up and down the line.

One of the most important ways to develop behavior in a child is through models. And the adults in this country have undoubtedly done a very successful job in modeling the behavior of their children.

When mom pops a pill to calm her nerves, when dad takes a slug of scotch to ease the tension, what else could we expect?

When mature adults turn to artificial stimulants or depressants to turn on, why should we be shocked that a child—a teenager—follows suit?

Mr. Chairman, do not misunderstand. I do not mean to place the blame of the drug problem solely on the media and the parents. But I can assure you that if they aren't part of the solution, then they are part of the problem.

The blame must fall on the advertising industry, the parents, the schools, the drug industry, the Government, and, yes, on the abuser.

SCHOOLS

What role does the school play in this puzzle?

The schools, with the aid of the Drug Abuse Education Act, should institute a program to show our youth the facts on drug abuse. By facts, I'm talking about reality and the consequences of taking a drug. The kids don't need scare tactics—that smoking grass will turn you into a vegetable—for they know, or they think they know, a lot more about the drug than we give them credit for; and if the presentation is not honest and accurate, they will recognize this.

We need to get information to the schools, and we need an individual trained in the subject to make the presentation.

This was the purpose of the Drug Abuse Education Act which I coauthored. Unfortunately, the administration of this act has been less than adequate. In 1972, $2 million was spent by the Federal Government to bring this program to America's 46 million public school children in 50 States.

Only $2 million, Mr. Chairman. Yet, the Federal Government spends about $30 million a year supporting the tobacco industry.

Where are our priorities?

Last year, the Federal Government spent $88,600 on drug education in the city of Los Angeles. Mr. Chairman, if we are serious about meeting the drug crisis in our schools, then we must be willing to commit our resources.

THE GOVERNMENT

Not only should the Government make a greater effort to educate our youth on the consequences of drug abuse, but the Government must cut off the supply of drugs which today are as easily purchased as a candy bar.

The Bureau of Customs, as you know, has the responsibility to inspect all international traffic to combat the smuggling of narcotics into the United States.

In order to halt the flow of illegal drugs into this country, the Bureau must be adequately staffed and equipped to meet the challenge of the resourceful, versatile, and well-equipped smuggler.

Overall, the effectiveness of the Bureau of Customs has increased. During 1971, customs officials made 10,687 narcotic drug seizures, worth about $328 million when sold on the streets. These seizures included 1,109 pounds of heroin, as compared with 347 pounds during 1970.

Yet, according to a letter I received from Customs Chief Edwin Rains in April 1972, "Customs currently has the capability to inspect thoroughly less than 2 percent of the vehicles entering the United States at our border ports."

For example, at the border station of San Ysidro, Calif., an average of well over 18,000 vehicles enter California daily. With their manpower level, each official with the responsibility for the detection of the entry of illegal drugs into the United States must inspect 24 vehicles per hour.

In effect, each man inspects each entering vehicle for 2½ minutes.

Mr. Chairman, we are no match for the sophisticated smuggler who runs a billion-dollar business.

We must upgrade our Customs Bureau and increase our fleet of aircraft and boats for patroling and surveillance of our borders. We must also increase our manpower to a level adequate to thoroughly inspect those suspected of smuggling.

In conclusion, Mr. Chairman, the narcotics problem is complex. A continued attack must be made at every link in the supply chain from the poppyfields to our borders and to the pusher in the street and in our schools.

We must properly educate our children on the effects of drugs so that the peer group—our children's society—rejects the notion that drugs are "cool."

We must vigorously prosecute those persons who would enslave a generation of young Americans simply to line their own pockets.

We must abandon the practice of allowing irresponsible, unsubstantiated advertising of drugs that are practically worthless.

Finally, we must examine ourselves as parents, and reject the hypocrisy of saying "yes" to our drugs, but "no" to the drugs of our children.

I want to thank you for the opportunity of appearing here, and, again, I want to commend you and your distinguished committee for the fine work you are doing; and I know what you are doing in the Halls of Congress.

Chairman PEPPER. Thank you very much, Mr. Anderson. We appreciate your being with us today, and we thank you for the valuable statement you have made. We hope you can remain with us throughout the hearing. We would be delighted to have you sit right where you are and have you participate fully with us in these hearings.

Now, I would like to call on the ranking majority member of this committee, the Honorable Jerome Waldie, who has been a pillar of strength to this committee from its inception and has been a very valuable contributor to the work of this committee.

Mr. Waldie, would you like to add anything?

Mr. WALDIE. Mr. Chairman, I just want to comment on what I thought might be a misleading thrust in your opening statement.

I, for one, am not ready at this point in our hearing to conclude that the problem of drug abuse in the school system has been essentially the failure on the part of the administrators of that school system. I have not noted that to be the case, that it was the problem that was societal and falls most heavily upon the school system in this particular instance and our ability to meet that problem has been drastically limited, as you alluded to, by the failure of all levels of government, State, local, and Federal, to assist them with the resources in order for them to develop the programs.

It does seem to me we ought to be careful at this stage, at least, of indicting the administrators of the school system for any massive failure.

Second, it was implied in the statement that in the San Francisco Bay area, at least, that drug abuse seems to be increasing. My own impression of the hearings in the San Francisco Bay area school system was that the contrary is the case; that drug use was continuing at the same rate and perhaps increasing but that drug abuse, particularly, was diminishing.

I would hesitate to accept that conclusion, at least in the northern part of the State, and I suspect in the southern part of the State, until all of the facts are in this hearing.

Thank you, Mr. Chairman.

Chairman PEPPER. Another most valuable member of this committee, the ranking minority member, the Honorable Charles Wiggins, from this area. He has been a tower of strength to the committee since its inception and has rendered a very, very valuable contribution to the work of the committee in what it has accomplished and endeavored to accomplish.

I would like to ask Mr. Wiggins for any statement he would like to make.

Mr. **Wiggins**. Thank you, Mr. Chairman.

I wish to welcome you, Mr. Chairman, and the members of the committee, to southern California. This is the first instance in which the House Select Committee on Crime has held hearings in southern California and we are delighted to have you here. I hope you enjoy your stay here and that the results of the stay will be productive for the area and for the Nation.

I would like to voice only a word of caution, Mr. Chairman. We have yet to call our first witness. We have yet to receive officially any testimony before this committee. It is true that we have had investigators doing preliminary work in advance of these hearings, but it is perhaps a little premature to make sweeping charges with respect to the nature and extent of the drug problem and the public response to it in advance of hearing any witnesses.

It is also true, Mr. Chairman, that this committee will receive a wealth of statistical data and I urge that the committee keep an open mind and attempt to refine that data and understand whether or not it truly applies to the southern California area. Many of these statistical projections for the State of California are based upon findings which are at least 2 years old and which were accumulated in the northern part of the State.

I do not for one moment suggest that these statistics are inaccurate, but I think it is premature for this committee to embrace them as being accurate until we hear from all our witnesses.

With that admonition, Mr. Chairman, I am sure this committee will serve a valuable function for the people of southern California in spotlighting what cannot be characterized otherwise than a critical problem in our schools; and as a result of the information we accumulate, that we can make a contribution to the laws of the Nation.

Thank you, Mr. Chairman.

Chairman **Pepper**. Thank you very much, Mr. Wiggins.

I want to make it very clear, as I indicated in the statement that I read, the data I disclosed was made available to our staff and was compiled from time to time by the staff. It is what you might call a prima facie statement of what the facts appear to be. We would relish any correction in those statements, or the showing of any error in those statements, because the last thing in the mind of this committee, which has come here to learn, would be to discredit any part of America.

We are simply talking about a problem that exists all over the country. So we will listen with acute interest and concern to the various witnesses to see if the case has been overstated, and we hope that it has.

Now, I would like to invite my other distinguished colleague, Congressman Morgan Murphy from the Chicago area, to make any additional statement.

Mr. **Murphy**. Thank you, Mr. Chairman.

I would just like to say how happy I am to be out here in California and I think we ought to get on with the hearing and get the evidence before us.

Chairman **Pepper**. Thank you, Mr. Murphy.

I would like to invite our distinguished colleague from Kansas City, Kans., who also has been a valuable member of this committee, the Honorable Larry Winn, Jr., to make any statement.

Mr. Winn. Thank you, Mr. Chairman.

I don't have any kind of a statement. I just would like to point out we will probably entertain 2 days of testimony and hearing of witnesses and we may hear variations of testimony based on percentages of users, addiction, and many of those facts and figures will be disputed by other witnesses.

I think the point we want to make is whether we find that there are 5 percent, 10, 15, 50 percent users or addicted young people in the schools, whatever the percentage that we might arrive at, really is insignificant. I think we will develop and find that we do have a problem. Now, what the percentage might be really is probably not that important and I wish the people would keep that in mind.

Chairman Pepper. Thank you very much, Mr. Winn.

I would like to announce, an old friend of mine, the distinguished mayor of Los Angeles, is to be our witness here tomorrow morning at 11 o'clock.

Chief Counsel Phillips, will you call the first witness?

Mr. Phillips. Yes, Mr. Chairman.

The first witness is Dr. Thomas T. Noguchi, chief medical examiner for the county of Los Angeles.

Dr. Noguchi, could you please come forward?

Chairman Pepper. We are very glad to have you, Dr. Noguchi.

STATEMENT OF DR. THOMAS T. NOGUCHI, CHIEF MEDICAL EXAMINER-CORONER, COUNTY OF LOS ANGELES, LOS ANGELES, CALIF.

Dr. Noguchi. Thank you very much, Mr. Chairman, honorable members of the committee.

The drug abuse problem among youth, based on availability of drugs and their fashionable usage among peers, presented a much different picture in the sixties than in the fifties. Even in the early sixties, the problem had not yet spread alarmingly into school, home, and everyday life.

Author Andrew Weil advocates in his book entitled "The Natural Mind" that, in essence, we not be so scared that drugs are being used; that this may be one way in which we can explore the possibilities of the natural mind and development; that drug culture is here to stay, and is a part of our lives. I feel that indeed it is, unfortunately.

May I concentrate on street drugs—barbiturates, narcotics, or the combination of both. It is felt that street narcotic use in teenaged youths is now somewhat restricted because of the criminal resources that must be employed, the high cost, and the limited channels of availability.

A general assumption exists that very few new teen addicts will be added in the community and thus the death statistics will not increase, but will, in fact, decrease. On the contrary, our studies tend to indicate that the next 5 or 6 years will show an upswing in deaths due to, or associated with, overdose of drugs, including heroin, and of methadone. As we keep looking for ways in which to substitute, new procedures and manmade products are being introduced; in this area, abuse is probable, and we can expect to see the effect in fatalities.

Combined medico-legal investigation, including toxicology, and behavioral scientific analysis of young people fatalities show many similarities. Most victims have a history of severe emotional stress, including family disturbances, loss of important supportive figures, stays in juvenile homes. mental hospitals, and a more or less continuous contact with juvenile courts, probationary and community agencies. Most have a long history of criminal contacts by an early age; crimes are basically burglary, auto theft, petty theft, pickpocketing, and prostitution.

It is important to note that this history is no longer limited to the black and Mexican-American—it is now found in increasing numbers among Caucasians, and is expanding to middle-class America.

May I, for the purpose of the committee hearing, cite very briefly four cases to illustrate on this point.

The first case is a 19-year-old Mexican-American male who suffered severe losses throughout youth. By age 16, he had lost his father, his stepfather, and only brother. He had started using marihuana and experimenting with pills at the age of 13. Drugs appear to be prevalent in the East Los Angeles area where he lived and when at the age of 16, his only brother died and he began to use heroin.

He became involved in criminal activity. He was arrested for various crimes—under the influence of drugs, possession of drugs, and burglary. In and out of juvenile homes, at the age of 16 he was committed to the school for boys and had by then become a heroin addict. He had a poor employment record. He returned to the use of the drugs and the bad company, and he was found dead in a parked automobile of an overdose of heroin.

Just to summarize the entire sequence, if I may. He started with marihuana and pills at the age of 13, back in 1966; a heroin addict by the age of 16; dead at 19.

Case No. 2 was a 27-year-old Caucasian male who was born and raised in Brooklyn, N.Y. He was one of three boys; the only one involved in a drug problem. He was not a good student. He became involved at the age of 15, in 1960, with marihuana, barbiturates, and anything that he could get on the street.

He entered the Marine Corps at the age of 20 and he was sent to Vietnam. He began using drugs heavily—according to our investigation—was treated—but managed to complete 4 years of his service.

On return home, he settled in the Los Angeles area. He began to use drugs very heavily. He got involved in criminal activities in the Los Angeles area and was arrested for burglary, armed robbery, possession of drugs. Following parole, he returned to the heavy usage of the drugs and to criminal activities. He stole methadone from his roommate and he was found dead at age 27 of an overdose of methadone.

Summarizing the chronology once again: He started experimenting with the pills and marihuana at the age of 13; he began using drugs heavily in Vietnam at the age of 20; he was dead at 27.

Mr. Phillips. Doctor, we have your testimony so perhaps we can incorporate it in the record. I think case No. 4 is one that the committee would be particularly interested in.

Could you tell us about case No. 4?

Dr. Noguchi. Yes, Mr. Phillips.

Case No. 4 in the record that I submitted to the committee was a 14-year-old boy involved with sniffing glue at the age of 8, back in 1966, and involved with drugs from that time on to some degree. At age of 13 he had become heavily involved in drugs and was reported as stoned most of the time.

Ten days before his death, he overdosed while in school and was taken to the hospital. He spent 2 nights in the juvenile hall that same week for possession of drugs. On the evening of his death, age of 14, he was seen drinking beer and taking pills. Later was found unconscious on the bus bench and died 3 hours later.

It was a typical life style such as we come up with by means of what we call psychological autopsy, behavioral scientific analysis. He was indeed a lonely, disturbed teenage boy who felt unwanted. He was brought to Los Angeles from Hawaii at the age of 8 with two young brothers. His mother could not cope with the city problem nor his use of drugs.

He was placed in the grandparents' home. Ten days before death he was thrown out from the grandparents' home by his mother because of the school incident.

To summarize the case once again: Glue-sniffing at age of 8; by age of 13 heavily involved with the drugs, barbiturates; dead at age of 14.

Chairman Pepper. Excuse me. He died, your statement concludes, from an overdose of the drug. From taking what drug?

Dr. Noguchi. Barbiturate.

Chairman Pepper. What barbiturates?

Dr. Noguchi. Secobarbital.

Mr. Winn. Was it mixed with alcohol, too? Did I understand you to say that 2 nights prior to his death, he was also drinking?

Dr. Noguchi. Yes.

Mr. Winn. Hard liquor or beer?

Dr. Noguchi. It was beer, as far as our investigative record is concerned.

Mr. Winn. Would this affect the death?

Dr. Noguchi. Yes, indeed. It is a cumulative effect. Alcohol and drugs do not mix.

Mr. Winn. Thank you.

Dr. Noguchi. In summary, I would like to mention that it is our opinion that fatalities will probably increase, contrary to the general impression. There is probably a lag of 5 to 10 years between the initial stage of addiction in early teens to the point where the abuser becomes a coroner's statistic in his early twenties. Some of these may have been in a methadone maintenance program.

If death is going to occur, it will probably average out at about 10 years of usage.

Mr. Phillips. It is fair to say, Doctor, that you concluded that fatalities will increase rather than decrease, and that is contrary to the popular opinion; is that correct?

Dr. Noguchi. We feel that they will. We hope they will not. However, I would like to make a statement at this time, based on a reasonable certainty. Because the teenage addicts are more heavily involved in the coroner's statistic, we believe fatalities probably will increase.

Mr. **Phillips**. Doctor, the last case you spoke about was especially moving to me in that it involved the 14-year-old boy. Was that the youngest child who has died of an overdose here, a school-aged child in Los Angeles?

Dr. **Noguchi**. Yes, as far as can be ascertained from research in the statistics of Los Angeles County, our statistical anaylsis is becoming more refined every year, however, and since 1969 more reasonable. This appears to be the youngest case we have in our records.

Mr. **Phillips**. Doctor, you say that this boy overdosed in school and apparently he was given no help by any agency of the government; is that correct? After he manifested a serious drug problem, was hospitalized for it, was put in juvenile hall, still this young boy was given no help?

Dr. **Noguchi**. As far as the investigation of the coroner's office, medical examiner's office, there was nothing to indicate such measure had been taken. However, I would rather defer this matter to those who have the primary responsibility.

Mr. **Phillips**. I have one final comment. At the end of your report, in relation to this poor young boy of 14, you say it was "an accident or suicide or undetermined." And as I read your sworn testimony, Doctor, I had the opinion that "undetermined" might be criminal negligence. We as a people have not really done enough for these young children.

Dr. **Noguchi**. The State of California requires the chief medical examiner-coroner not only to determine the cause of death, but the manner of death; how he died must be determined. There are four conditions—death by natural causes, death by accidental means, death by suicide, and death by homicide. In an equivocal death, the manner of death, or mode, will appear as you have stated—undetermined.

When this age group is involved, it is very, very difficult to determine the specific mode. There is what appears to be an increase in suicide rate by youths which is alarming. We felt it would be proper to certify this particular death as "accident/suicide/undetermined."

Of course, the drug itself, which is illegal, is the instrument which led to death. Is the drug itself the murder weapon? If that legal concept is to be held true, then this should to be classified as homicide.

Mr. **Phillips**. Thank you.

I have no other questions, Mr. Chairman.

Chairman **Pepper**. Mr. Waldie?

Mr. **Waldie**. Doctor, on your first page you have a conclusion which says, "It is felt that street narcotic use in teenaged youth is now somewhat restricted," and you follow that with "a general assumption exists that very few new teen addicts will be added."

What is the source of that conclusion?

Dr. **Noguchi**. My staff and a consultant, Dr. Norman Faberow, Ph. D., at the Suicide Prevention Center, have done extensive work. His research so indicated and that is also the basis for our statement.

Mr. **Waldie**. Is that research available to the committee?

Dr. **Noguchi**. Yes. I will ask Dr. Norman Faberow to submit a report, available to this committee.

Mr. Waldie. I think it would be helpful. It is a conclusion that I have not heard registered of late. It is your conclusion from that research that drug use, then, or drug abuse, is diminishing?

Dr. Noguchi. Referring to street narcotic availability and usage, that is correct.

Mr. Waldie. Is that your conclusion, that drug abuse is diminishing among teenagers?

Dr. Noguchi. This is the research material given to me for presentation.

Mr. Waldie. I know. I am asking, does that research material come to that conclusion?

Dr. Noguchi. Yes. The report that will be submitted to the committee will be able to so substantiate.

(The report referred to was not available at time of printing.)

Mr. Waldie. Then your further conclusion that drug deaths will increase statistically relates not to the fact that the problem is worse, but it relates to the fact that there is a 5- to 10-year lag before death occurs among addicts? Is that correct?

Dr. Noguchi. Yes.

Mr. Waldie. So it is your conclusion that the problem, in fact, is improving in terms of teenage abuse of drugs?

Dr. Noguchi. May I refer you to the document which I submitted. I believe the curve to which I am referring, the statistics of the fiscal year 1970 to 1971, that the total deaths due directly to drugs—I am not referring to the deaths caused indirectly by drugs—were 1,359 registered cases. However, in the 1971 to 1972 fiscal year, total deaths——

Mr. Waldie. Doctor, may I interrupt you. I read the graph. The graph shows that teenage deaths seem to be diminishing. But I am not asking about deaths at this point. I am asking, does your research cause you to conclude that the problem of teenage youth drug abuse is, in fact, diminishing?

Dr. Noguchi. I do not believe, based on my qualifications and the scope of my investigation as a county coroner, I may be able to answer you, Congressman Waldie. I believe it is best to gather that particular information from other witnesses.

Mr. Waldie. Again, I don't want to belabor the point. Your conclusion, "A general assumption exists that very few new teen addicts will be added," is not supported by the research material that you have in your possession?

Dr. Noguchi. That is only a portion of a statement made by my staff and consultant.

Mr. Waldie. Is it a statement with which you concur?

Dr. Noguchi. I do not believe this statement refers to the use, generally speaking, but to the resulting increase or decrease of deaths. We concur some withdrawal can be made in the number of youths involved; our studies take into account the 5- to 10-year time lag and the probability of abuse of manmade products introduced, such as methadone.

Mr. Waldie. I have no further questions, Mr. Chairman.

Chairman Pepper. Mr. Wiggins?

Mr. Wiggins. Thank you, Mr. Chairman.

Doctor, the last period for which you have statistics available is January 1972 to June 1972; is that correct?

Dr. Noguchi. Mr. Congressman, yes.

Mr. Wiggins. During that period, from the copy of the statistics I have before me, it appears through all age categories that death due to narcotic and barbiturate overdose within your jurisdiction—which would include the entire county, would it not, Doctor?

Dr. Noguchi. The entire county.

Mr. Wiggins (continuing). Involved 112 deaths from narcotic drugs and 309 deaths from barbiturates. Is it your conclusion, Doctor, that the principal cause of OD's in this county is barbiturates rather than narcotics?

Dr. Noguchi. That is also yes.

Mr. Wiggins. You have the barbiturates deaths broken down by types of barbiturates, and I notice the most common barbiturate which has caused death in this county is something called secobarbital. Did I pronounce it correctly?

Dr. Noguchi. Yes. That is also known as Seconal, or commonly known as "reds."

Mr. Wiggins. And the street drug known as "reds" and sold commercially as Seconal, is the most common cause of death from drug overdose in this county; is that correct?

Dr. Noguchi. Yes, sir.

Mr. Wiggins. The second most popular drug is something known as phenobarbital. Does that have a popular street name?

Dr. Noguchi. Yes. The medical terminology or generic name is Nembutal, and the capsule is a yellow color.

Mr. Wiggins. Does that drug have a popular street name to your knowledge?

Dr. Noguchi. I think the name has been attached, "yellow jackets," and so on. There are a number of others, I believe, secret communicating words I am sure they must have.

Mr. Wiggins. Your best information is they are called "yellows" or "yellow jackets," or something of that sort?

Dr. Noguchi. Yes, sir.

Mr. Wiggins. And I notice that 59 people died in the county between January and June of this year as a result of using that drug.

The third most popular barbiturate is something known as amobarbital and secobarbital. Does that have a popular name and a medical name that might be identified?

Dr. Noguchi. Amobarbital is Amytal. The trade name is Amytal. It is a bluish color capsule.

Mr. Wiggins. Does that have a popular name, to your knowledge?

Dr. Noguchi. When it comes to these capsules, other than the reds and the yellows, I do not know the street names.

Mr. Wiggins. Doctor, back to the narcotics. The principal cause of death in narcotics is heroin or morphine poisoning. That figure is 119 for the period January to June of this year, whereas the second most common cause is methadone, and it is down to eight. Has it been your experience, Doctor, that the deaths caused by methadone overdose have continued to be relatively minor in terms of the total problem in southern California?

Dr. Noguchi. Well, based on the number of the persons on methadone maintenance programs, although we recognized two fatal cases by methadone in fiscal year 1971, which increased to eight in the period mentioned, I think perhaps this corresponds to the increased number of persons on methadone maintenance treatment. I do not feel this is a major issue at this time.

Mr. WIGGINS. Well, in summary, looking at all age groups, the relationship between barbiturate poisoning and narcotic poisoning is about, roughly, 2 to 1. That is, twice as many deaths from barbiturates as in the case of narcotics. Now, I would like to refer you to your statistics which you have compiled, which have refined this data by age group. I have before me the fiscal year, July 1, 1970, through June 30, 1971. You may have a later date. That is the last date I have before me, and I would like to direct your attention particularly to the teenage group.

I am looking at the age group 10 to 19.

Dr. NOGUCHI. Yes, sir. Is that page 2, July 1971 to December 1971, sir?

Mr. WIGGINS. I am looking at July 1, 1970, to June 30, 1971, a fiscal year period, broken down by age group and by cause of death—suicide, accident, and unknown. The point I wish to make, Doctor, is that the use of barbiturates, or the cause of death from barbiturate poisoning in the teenage group, is approximately 3 or 4 to 1, relative to narcotic poisoning, whereas, the statistics for all age groups is approximately 2 to 1.

The conclusion I draw—and my question to you, Doctor, is whether this conclusion is true—is that among all age groups, barbiturates are the principal cause by a factor of approximately 2 to 1, but with the age group this committee is primarily concerned with, teenagers, the popularity of barbiturates is approximately 3 to 1 or 4 to 1, and it is a cause of death by that factor, a much more significant cause of death than heroin overdose, at least in this county.

Dr. NOGUCHI. Yes. I agree, Congressman Wiggins.

Mr. WIGGINS. And this conclusion is drawn from these statistics which end during the period June 30, 1971. Doubtless, you have accumulated data after that period, but do the trends which are reflected in these statistics I referred to continue through calendar year 1972, or the latest figures you have available?

Dr. NOGUCHI. Yes. The latest figures, that I am about to offer the committee, are for January 1972 to June 1972. The total narcotics deaths in this last 6-month period were two fatalities in the age from 10 to 19, whereas the same age group with the barbiturates, by accident, is six, suicide is 16, making 22; then there is a mode we call "undetermined," adding three, totaling 25. So the trend seems to be continuing.

Mr. WIGGINS. That is all.

Chairman PEPPER. Mr. Murphy.

Mr. MURPHY. Thank you, Mr. Chairman.

Doctor, I don't know if you feel you can answer this question, but would not a youngster have an easier time of obtaining barbiturates than, say, heroin?

Dr. NOGUCHI. Based on our investigation, the usual ordinary course of the coroner's investigation, I would say yes.

Mr. MURPHY. So, might that not reflect the fact as to why the youngsters are using barbiturates more than the hard narcotic, heroin?

Dr. NOGUCHI. Yes. The easy access, and the easy application, shall I say, to take it. Heroin by injection, with the usual paraphernalia, would be difficult.

Mr. MURPHY. Now, in your position as coroner, in examining some of the victims of overdoses, do you find that the deaths are the result of heroin use, or were these persons just straight barbiturate users?

Dr. NOGUCHI. Are you referring to the combination of barbiturates and narcotics?

Mr. MURPHY. Right. Did you usually find they were both barbiturate user and hard-narcotic user?

Dr. NOGUCHI. Not always, no. Some of the death cases appear to be solely from barbiturates, and the investigation report indicated no heroin usage—especially in young age groups.

Chairman PEPPER. Mr. Winn?

Mr. WINN. Thank you, Mr. Chairman.

Doctor, in your work as the chief medical examiner and coroner for Los Angeles County, have you found an increase in deaths where you have felt there was a combination of barbiturates and alcohol?

In San Francisco, we had testimony that some of the more recent deaths up there from OD's were a combination, or they felt that in some cases they were combining reds with cheap alcohol or wine. Do you find that in Los Angeles County?

Dr. NOGUCHI. Yes.

Mr. WINN. More than you did several years ago?

Dr. NOGUCHI. That is our impression. I refer to the document which I would like to introduce to the committee, "Alcohol Involvement in Drug Overdose Deaths"; the statistics cover January 1972 to June 1972. The study indicates a total number of 154 alcohol-involved overdose deaths, and it shows that a large percentage of the persons who take drugs and alcohol have a blood alcohol level of 0.05 to 0.19 percent. That covers about 60 percent of the persons who take drugs with alcohol.

This trend seems to be increasing; that is, the combination alcohol-drug situation is increasing in Los Angeles County.

Mr. WINN. Do you think that maybe society and educators have educated young people to the fact that drugs are harmful, and they see a great percentage of society drinking, then they switch to the combination of the drug usages and the alcohol now?

Dr. NOGUCHI. Congressman Winn, it is a very interesting point you raise, that people constantly seek substitutions. It seems that the usage of alcohol, combined with drugs, is in fact increasing. It may mean, perhaps, that they are seeking half and half, and this may be the reason why we have those statistics.

Mr. WINN. Maybe we have put the fear of God in them as far as the extreme hard drugs are concerned, but we haven't made them aware, certainly I don't think we have, that the combination of barbiturates and alcohol is one reason, I guess, for the increase in OD's. Would that be right, sir, that statement?

Dr. NOGUCHI. It tends to increase because the alcohol itself takes away certain inhibitions and the usual customary control, so they tend to take more drugs than usual.

Mr. WINN. From a physiological standpoint, what happens to the system when they combine heavy use of barbiturates and alcohol?

Dr. NOGUCHI. The alcohol and the barbiturates primarily effect the central nervous system, although the mode of effect, or shall I say pharmacological effect, of alcohol to the central nervous system versus pharmacological effect of barbiturates is slightly different. However, I would like to state that regarding alcohol and barbiturates combination, there are many colleagues who tend to believe that 2 plus 2 does not just equal 4, or maybe 5.

Some colleagues do disagree, and the synergistic effect has been discussed for many years. I am rather conservative. I think I would like to call it a cumulative effect rather than a synergistic effect, as far as alcohol and barbiturates are concerned.

Mr. WINN. By that statement, then, as I understand it, someone that has been using barbiturates for quite some time and then would add to that alcohol, the combination, plus the cumulative portion you talk about, could be the reason for these deaths; right?

Dr. NOGUCHI. I would agree to it. I think it could be the reason; yes.

Mr. WINN. Well, now, barbiturates have been on schedule III, and there has been some discussion, and one Senator and one of the agencies have suggested that barbiturates, certainly some of them, be moved to the more controlled schedule II. Could you give the committee your feeling on that phase of barbiturate control?

Dr. NOGUCHI. Yes. May I offer a very frank opinion. Although the medicines are meant to be for therapeutic use, a barbiturate can indeed be dangerous. I would like to recommend tighter control. As to what classification you wish, I do not at this time comment. I would like to recommend tighter control of the easily accessible barbiturates, such as Seconal. Seconal is called a short, fast-acting barbiturate, in contrast to phenobarbital, which is long lasting, slow acting, and this doesn't have what you might call a "kick."

Mr. WINN. Would Amytal be——

Dr. NOGUCHI. Amytal, in my opinion, and after conferring with our colleagues, would be in between the short acting and the long acting; it would be an intermediate-acting barbiturate. So based on our statistics, perhaps the effective way of control may be to select some of the fast-acting barbiturates, such as Seconal or Nembutal.

Mr. WINN. If you were a member of this committee and it was presented to you for a vote, whether FDA should change the scheduling from III to II on the faster acting Seconal and Amytal——

Dr. NOGUCHI. Seconal and Nembutal, not Amytal.

Mr. WINN. Do you have any other suggestions? Because I gather you feel there should be some control changes made, without a doubt.

Dr. NOGUCHI. Yes. If I were a member of the committee, I would vote for control changes.

Mr. WINN. And you are talking about those that are easily accessible at the stores where practically anybody can get them?

Dr. NOGUCHI. That is my understanding, yes.

Mr. WINN. In Los Angeles County, do you have any right as the medical examiner-coroner to perform or force an autopsy without parental permission?

Dr. NOGUCHI. Yes.

Mr. WINN. I don't know the California law.

Dr. NOGUCHI. I am somewhat familiar with the laws in the State of Kansas. A colleague of mine is Dr. Bill Eckert in Wichita, Kans., and I was invited by Governor Docking to a drug abuse symposium in that State.

May I just briefly describe the California government code related to the duty and responsibility of the coroner or chief medical examiner of the county?

We do not need any consent. We are working for the people of the State; and if an autopsy is deemed necessary, the autopsy shall be done.

Mr. WINN. In these autopsies, then, you do have the right and their parents or family doctors cannot cover up an OD case if they so desire; is that true?

Dr. NOGUCHI. Congressman Winn, I think it is a little too optimistic to conclude that as the county coroner and chief medical examiner of the County of Los Angeles, that I have complete control of all cases. That is not true. I cannot offer the total number; but based on some of the studies of unexpected deaths that became coroner's cases and which we initially thought were due to natural causes, we did run studies and we did find high levels of barbiturates. Based on that fact, it is quite probable that a number of cases have been signed by attending physicians, knowlingly or unknowingly, as deaths due to natural causes.

The physician has the right to issue the death certificate if he has been in medical attendance within 10 days; if beyond 10 days, we are to be notified.

Mr. WINN. This committee has found in our hearings that in some States, because of the variation of laws, that it is impossible, really, to get accurate figures in the statistics that are presented because of the coverup by, in some cases parents, and in some cases by family physicians. It concerns this committee because we go all over the country holding hearings, and we really don't know whether the statistics that are presented to us are accurate or not. But from what you said, we would have to assume that there is a percentage of gray area, so to speak, as far as these statistics that are presented to us and the ones that we refer to from time to time, because of the variation in the laws affecting the coroners.

Dr. NOGUCHI. Yes. And may I offer another suggestion or observation. Perhaps a law requiring that blood samples of all deceased persons be analyzed by a central agency would give you more reasonable statistics. There were 63,000 persons who died in Los Angeles County in this calendar year 1971; 22,000 cases of those were referred to us. However, because of physicians' attendance and so on, we actually took jurisdiction of no more than 13,000 or 14,000 cases for examination and investigation.

Mr. WINN. You only get 14,000 cases out of 63,000 deaths; right?

Dr. NOGUCHI. That is right. It is, again, the feasibility and the availability of instrumentation and manpower may prohibit during such an intense study. However, our department and I, myself, feel it would be a great contribution to the community and the Nation to offer such a study. I think it would be worthwhile. I think people have the right to know, and you, Congressman, do represent the people. Perhaps this might be one thought to entertain.

Mr. WINN. Would you care to venture a guess as to how much, what percentage of a gray area we might have in OD's. That would probably reach pretty far, I guess, if you only examined 14,000 out of 63,000 total deaths in Los Angeles County last year.

Dr. NOGUCHI. I am an administrator and a county official, but I am also a scientist. I am not good at guessing. I like to depend upon the scientific and hard fact.

Mr. WINN. I appreciate that but you would—I think you did acknowledge that there is a gray area, because we don't have access to a complete autopsy of everyone that died.

Dr. NOGUCHI. That is true.

Mr. WINN. And certainly in the drug field, that would be true.

Dr. NOGUCHI. Yes, sir. It seems to me more than likely.

Mr. WINN. Thank you.

Chairman PEPPER. Mr. Anderson, would you like to inquire?

Mr. ANDERSON. No questions.

Chairman PEPPER. Doctor, two questions.

You didn't make any specific reference to amphetamines. To what extent are amphetamines being used in the public schools of Los Angeles County?

Dr. NOGUCHI. Chairman Pepper, I don't have definite statistics. I think we do have a total number of deaths, not too many—three or four per year—by overdose of amphetamines. I do not think I have any figures on school usage.

Chairman PEPPER. Do you find there is an increase in the use of alcohol, ordinary cheap wines, beer, and the like, among the school students?

Dr. NOGUCHI. Based on the study of alcohol in the blood sample of the driver or on persons who have suffered death due to either overdose or unusual means—we do alcohol and barbiturate study routinely—I don't have the statistic at this time. I seem to recall that they are not supposed to be drinking before the age of 18, but it is obvious they are drinking.

Chairman PEPPER. All right. Any other questions?

Thank you very much, Dr. Noguchi.

Dr. NOGUCHI. Thank you very much for your invitation.

(Dr. Noguchi's prepared statement follows:)

PREPARED STATEMENT BY DR. THOMAS T. NOGUCHI, CHIEF MEDICAL EXAMINER-CORONER, COUNTY OF LOS ANGELES, CALIF.

INTRODUCTION

The drug abuse problem among youth, based on availability of drugs and their "fashionable usage among peers", presented a much different picture in the sixties than in the fifties. Even in the early sixties, the problem had not yet spread alarmingly into school, home and everyday life.

Author Andrew Weil advocates in his book entitled, The Natural Mind, that, in essence, we not be so scared that drugs are being used; that this may be one way in which we can explore the possibilities of the natural mind and development; that drug culture is here to stay, and he stated it is a part of our lives.

May I concentrate on street drugs—barbiturates, narcotics, or the combination of both. It is felt that street narcotic use in teen-aged youths is now somewhat restricted because of the criminal resources that must be employed, the high cost, and the limited channels of availability.

A general assumption exists that very few new teen addicts will be added in the community, and thus the death statistics will not increase, but will, in fact, decrease. On the contrary, our studies tend to indicate that the next 5 or 6 years will show an upswing in deaths due to, or associated with, overdose of drugs including heroin, and of methadone. As we keep looking for ways in which to substitute, new procedures and manmade products are being introduced; in this area, abuse is probable, and we can expect to see the effect in fatalities.

Combined medico-legal investigation, including toxicology, and behavioral scientific analysis of young people fatalities show many similarities. Most victims have a history of severe emotional stress, including family disturbances, loss of important supportive figures, stays in juvenile homes, mental hospitals, and a more or less continuous contact with juvenile courts, probationary and community agencies. Most have a long history of criminal contacts by an early age; crimes are basically burglary, auto theft, petty theft, pickpocketing, and prostitution. It is important to note that this history is no longer limited to the black and Mexican-American—it is now found in increasing numbers among Caucasians, and is expanding to middle-class America.

SUMMARY

It is our opinion that fatalities will probably increase, contrary to general impressions. There is probably a lag of 5 to 10 years between the initial stage of addiction in early teens to the point where the abuser becomes a coroner's statistic in his early twenties. Some of these may have been maintained on methadone.

If death is going to occur, it will probably average out at about 10 years of usage.

Attachments: (4).

(Attachment 1)

CASE SUMMARIES

(1) 19-year-old Mexican-American male, who suffered severe losses throughout youth; by 16 had lost either through divorce or death, his father, stepfather and an only brother. Mother worked out of the home: victim turned to peers for support and acceptance. Drugs available to and used by this group (1969), so he began using marihuana, then barbiturates, and finally heroin. Incarcerated for criminal activities (drugs in possession, under the influence and burglary) at age 16, and by then a heroin addict, continuing to use Seconal and marihuana.

Paroled at 18, unsuccessful in adjusting to the community, again turned to bad company and the use of drugs, and finally died of an overdose of heroin. (Accident.)

(2) 27-year-old Caucasian male, became involved at age 15 (in 1960, in Brooklyn, N.Y.) with marihuana, barbiturates or anything he could get on the streets. Entered Marine Corps at 20, sent to Viet Nam, began using drugs heavily. He was treated unsuccessful, became involved in criminal activities (burglary, armed robbery, possession of drugs (California)). Following parole he returned to heavy usage of drugs and criminal activities. Stole methadone from time to time from roommate, and at 27 years was found dead of an overdose of methadone. (Accident.)

(3) 20-year-old Caucasian female, emotionally disabled, self-destructive, alcoholic and a drug addict. Often expressed suicidal threats and made various attempts. At time of death lived in slum-like environment and had contact only with other drug users and abusers. Following the usual pattern her companions have disappeared and are unavailable for interviews; important data would be added if they could be located. Product of broken home where alcoholic mother abandoned family. Dropped out of high school when 16, at which time she was heavily involved in use of alcohol and drugs, mainly heroin and barbiturates. (1968). Ran away from home often, placed in juvenile hall, and led a deteriorated life style. At time of death she was on aid to the totally disabled. Cause of death was acute heroin-morphine intoxication due to injection of overdose. (Suicide.)

(4) 14-year-old male who became involved with sniffing glue at aged 8 (1966), and apparently was involved with drugs to some degree from that time on. A lonely, disturbed teenage boy who felt unwanted. In December 1971, at aged 13, he became heavily involved with drugs and was stoned most of the time. Ten days before death he overdosed while in school and was taken to the hospital. That same week he was arrested for possession of drugs and spent two nights at juvenile hall. On the evening of his death he was seen drinking beer and taking pills. Later he was found unconscious on a bus bench and dried three hours later of an overdose of barbiturates and secobarbital. (Suicide/accident/undetermined.)

(Attachment 2)

TABLE I.—DEATHS DUE TO DRUG OVERDOSE IN LOS ANGELES COUNTY

[Fiscal years 1950–71]

Fiscal year	County population [1]	Total deaths due to drug overdose [2]	Rate per 100,000 population
1950–51	4,172,220	[3] 14	7.5
1951–52	4,302,415	[3] 316	7.3
1952–53	4,511,737	[3] 321	7.1
1953–54	4,676,863	[3] 323	6.9
1954–55	4,890,567	[3] 400	8.2
1955–56	5,085,864	[3] 399	7.8
1956–57	5,290,246	410	7.8
1957–58	5,507,429	371	6.7
1958–59	5,709,011	395	6.9
1959–60	5,919,358	453	7.7
1960–61	6,068,148	396	6.5
1961–62	6,251,204	494	7.9
1962–63	6,410,506	586	9.1
1963–64	6,568,447	644	9.8
1954–65	6,734,220	640	9.5
1965–66	6,885,794	600	8.7
1966–67	6,995,379	507	7.2
1967–68	7,057,720	[4] 836	11.8
1968–69	7,119,184	1,044	14.7
1969–70	7,185,229	1,139	15.9
1970–71	7,032,075	1,359	19.3
1971–72	7,067,446	[5] 1,124	15.9

[1] Taken from Los Angeles County Health Department, July 1 estimate, except 1970 which is Apr. 1 census population.

[2] Los Angeles County Chief Medical Examiner-Coroner's Annual Report.

[3] Included carbon monoxide (except suicides by CO).

[4] Estimated figure obtained by adding figures for 1966, 1968, and 1969 and divided by 3.

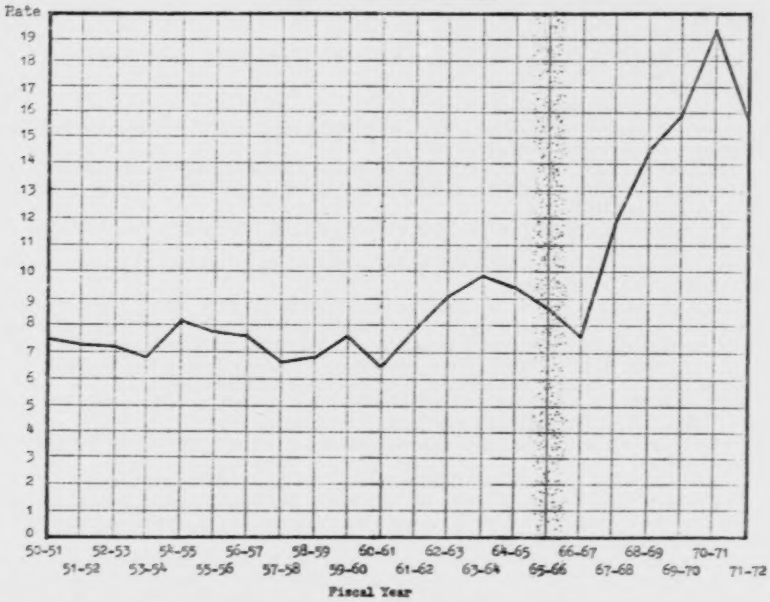
[5] Still have some 1972 cases pending (a few cases).

(Attachment 3)

Figure 1

DEATHS DUE TO DRUG OVERDOSE RATE IN L. A. COUNTY (Per 100,000 population)

FISCAL YEAR: 1950 to 1971



(Attachment 4)

DETAILED DOCUMENTATION OF TEEN-AGED DRUG ABUSE DEATH BY MEDICO-LEGAL INVESTIGATION AND BEHAVIORAL SCIENTIFIC ANALYSIS, DEPARTMENT OF CHIEF MEDICAL EXAMINER-CORONER, COUNTY OF LOS ANGELES, CALIF.

Case No. 1

19 year old Mexican-American male;
Parents divorced when he was 4;
Mother worked; father remarried and lost interest in son;
Mother remarried; decedent had good relationship with stepfather;
Mother and stepfather divorced when he was 13;
Started using marijuana and experimenting with pills at this time, especially barbiturates; (1966)
Drugs appeared to have been prevalent in East Los Angeles where he lived;
When 16 years, his only brother died—very upsetting;
Within short time began to use heroin;
Became involved in criminal system—arrested a number of times under the influence of drugs, having possession of drugs, burglary;
In and out of Juvenile Hall;
Finally, at 16 was committed to school for boys; had become a heroin addict;
Mother moved to less negative environment to give boy a new start; she described son as a very good boy, kind and friendly before he got involved in drugs;

Paroled at age 18, and returned to live with mother;

Employment lasted two weeks, attendance poor, laid off;

One month in welder training program; dropped for poor attendance;

Returned to use of drugs, heroin in particular;

Again involved with bad company;

About three weeks before death, secured job in plastics company, coming home each night; reported to parole officer intention of saving money to take an apartment for himself and girl friend;

Found dead in parked automobile of an overdose of heroin. (Accident)

Case No. 2

27 year old Caucasian male;

Born and raised in Brooklyn, N.Y., of middle class working parents; had one older and one younger brother;

Not good student; difficulties in school such as fighting, did not graduate;

Mother's description: carefree, happy, but liked to get high on drugs from the age of 15 years (1960);

Only member of family with drug problem; used marijuana, barbiturates, or anything he could get on the streets;

Older brother excellent student who graduated from college; by comparison, decedent felt he was nothing;

When 20 years entered the Marine Corps; sent to Viet Nam; started using drugs quite heavily; came to attention of commanding officer, and attempt was made to deal with problem and help him get off drugs; decedent had some difficulty but was able to put in 4 years and was honorably discharged in 1969;

Returned to New York, married, and settled in Los Angeles area;

Returned to use of drugs and within very short time was arrested for burglary and armed robbery, and for possession of drugs;

Prior to prison sentence, had been detoxified for heroin use; spent 30 days in VA program;

Served 5 months, paroled, had fight with wife which led to separation;

Use of drugs increased—heroin, barbiturates, methadone, anything available;

Unemployed—not clear how he supported himself, but appears he may have been involved in criminal activity;

Claimed to have been shot in arm on Hallowe'en night, 1971. Stopped on street by someone saying, "trick or treat", who then shot him in arm and took a dollar; however, timing coincided with state charges against him for armed robbery and burglary; it is most likely he was shot during the commission of a crime;

Had limited psychiatric treatment during his 30 days in VA Hospital for drug detoxification; however, as a veteran of Viet Nam, he could have availed himself of further treatment; apparently chose not to do so;

Involvement in two drug programs—VA and the California Rehabilitation Center—did not deter him from use of drugs and accompanying criminality;

About one month before death moved in with drug user on methadone maintenance program (VA). On a number of occasions, decedent stole friend's methadone and used it. On night of his death, he had taken some and was described as in an extremely intoxicated state and had been high for a couple of days; friends and roommate left him to sleep and on return found him dead.

Decedent did not have any history of suicidal attempts or ideation; was reported not emotionally upset at time of death, even though separated from wife and unemployed. Death was due to an overdose of methadone. (Accident.)

Case No. 3

20 year old Caucasian female;

Single girl, living alone at time of death;

Product of broken home; alcoholic mother abandoned family;

Raised by father and paternal grandmother;

Dropped out of high school when 16 years old;

Heavily involved in use of alcohol and drugs, mainly heroin and barbiturates;

Ran away from home frequently;

Placed in Juvenile Hall;

Generally led a deteriorated life style;

Had history of suicidal threats and suicide attempts; referred to as "Suicide ———", by people who knew her;

Just prior to death found her living alone in an apartment in a neighborhood consisting of drug addicts and vandals; slum-like area;

Was on Aid to the Totally Disabled;

Emotionally disabled, self-destructive, alcoholic and a drug adict; was found dead in the apartment of male with whom she had lived until one week prior to her death; party in progress;

Death was due to acute heroin-morphine intoxication due to injection of overdose. (Suicide)

NOTE: Following the usual pattern, her companions have disappeared and are unavailable for interviews; male friend could not be located; important data would be added if contacts could be made, concerning her feelings about herself, her moods and outlook at time of death.

Case No. 4

14 year old male; born in Hawaii;

At age of 8 years, father deserted the family and his mother brought him and his two younger brothers to Los Angeles;

At this time—8 years—deceased began sniffing glue;

Was apparently involved with drugs to some degree from that time on;

Had a poor relationship with his mother; they argued constantly;

Mother unable to cope with his drug and behavioral problems;

Sent to live with his grandparents;

At 13 years became heavily involved with drugs and was stoned most of the time;

Ten days before his death he overdosed while in school;

A few days later he and his mother had a bitter argument; she threw his belongings out of the home of the grandparents; they never had contact with each other again;

That same week he was arrested for possession of drugs; spent two nights in Juvenile Hall;

After release, the deceased went out with some friends; was seen drinking beer and taking pills; was found unconscious on a bus bench and died three hours later;

A longely, disturbed teenage boy who felt unwanted; alienation from his mother was a source of great pain;

This case evidences both accidental and suicidal modes of death;

The deceased exhibited increased feelings of depression and hopelessness during the last two weeks of his life;

He died from an overdose of barbiturates and secobarbital.

(Accident/Suicide/Undetermined?)

DEATHS DUE TO OVERDOSE OF DRUGS—BY MODE OF DEATH AND TYPE OF DRUG, JULY 1971–DECEMBER 1971

	Type of drugs								
Mode of death	Barbiturates	Narcotics	Barbituates and Narcotics	Hypnotics excluding barbiturates	Analgesics	Stimulants	Others	Unknown	Total
Accidents	57	78	27	2	7	4	8		183
Suicides	231	4		30	26	8	8	5	312
Unknown	39	4	3	8	4	1	1		60
Total	327	86	30	40	37	13	17	5	555

DEATHS DUE TO OVERDOSE OF DRUGS—MODE OF DEATH, TYPE OF DRUG, AGE GROUP, JULY 1971-DECEMBER 1971

ACCIDENT

Age group	Type of drug								Total
	Barbiturates	Narcotics	Barbiturates and narcotics	Hypnotics excluding barbiturates	Analgesics	Stimulants	Others	Unknown	
≤ 9	1				1	2			4
10 ≤ 19	6	5	2	1	1		2		17
20 ≤ 29	25	41	20	1	2		2		91
30 ≤ 39	9	19	2		3				33
40 ≤ 49	7	10	3				3		23
50 ≤ 59	8	2				2			12
60 ≤ 69		1							1
70 ≤	1						1		2
Unknown									
Total	57	78	27	2	7	4	8		183

SUICIDE

Age group	Barbiturates	Narcotics	Barbiturates and narcotics	Hypnotics excluding barbiturates	Analgesics	Stimulants	Others	Unknown	Total
≤9									
10≤19	14				2				16
20≤29	57			6	10	4			77
30≤39	34	1		3	6				44
40≤49	31	2		8	2	3	5	3	54
50≤59	44	1		7	4		2	1	59
60≤69	23			4	1	1	1		30
70≤	27			2	1			1	31
Unknown	1								1
Total	231	4		30	26	8	8	5	312

UNKNOWN

Age group	Barbiturates	Narcotics	Barbiturates and narcotics	Hypnotics excluding barbiturates	Analgesics	Stimulants	Others	Unknown	Total
≤9									
10≤19	7	1							8
20≤29	12	2	2	2	2				20
30≤39	4	1	1	2		1	1		10
40≤49	4			1	2				7
50≤59	5			2					7
60≤69	5								5
70≤	2			1					3
Unknown									
Total	39	4	3	8	4	1	1		60

	≤9	10≤19	20≤29	30≤39	40≤49	50≤59	60≤69	70≤	Unknown
Grand total (accident, suicide, unknown) 555	4	41	188	87	84	78	38	36	1

DEATHS DUE TO OVERDOSE OF DRUGS—MODE OF DEATH, AGE GROUP, ETHNIC GROUP, SEX, JULY 1971–DECEMBER 1971

ACCIDENT

Age group and sex	Ethnic group							Total
	White excluding Spanish surname	Negro	Spanish surname	Chinese	Japanese	American Indian	Others and unknown	
≤9:								
Male	1							1
Female	3							3
10≤19:								
Male	5		3					8
Female	2	5	2					9
20≤29:								
Male	39	17	13					69
Female	8	12	2					22
30≤39:								
Male	8	8	4					20
Female	5	5	3					13
40≤49:								
Male	6	7	1					14
Female	6	3						9
50≤59:								
Male	8							8
Female	4							4
60≤69:								
Male								
Female	1							1
70≤:								
Male								
Female	2							2
Unknown:								
Male								
Female								
Subtotal								
Male	67	32	21					120
Female	31	25	7					63
Total	98	57	28					183

SUICIDE

Age group and sex	White excluding Spanish surname	Negro	Spanish surname	Chinese	Japanese	American Indian	Others and unknown	Total
≤9:								
Male								
Female								
10≤19:								
Male	9							9
Female	4	1	2					7
20≤29:								
Male	28	2	4		1			35
Female	28	11	3					42
30≤39:								
Male	16	3						19
Female	18	3	2	1	1			25
40≤49:								
Male	12	2	1	1				16
Female	32	1	5					38
50≤59:								
Male	18							18
Female	39	1	1					41
60≤69:								
Male	12							12
Female	18							18
70≤:								
Male	10							10
Female	21							21
Unknown:								
Male								
Female	1							1
Subtotal								
Male	105	7	5	1	1			119
Female	161	17	13	1	1			193
Total	266	24	18	2	2			312

DEATHS DUE TO OVERDOSE OF DRUGS—MODE OF DEATH, AGE GROUP, ETHNIC GROUP, SEX, JULY 1971–DECEMBER 1971—Continued

UNKNOWN

	Ethnic group							
Age group and sex	White excluding Spanish surname	Negro	Spanish surname	Chinese	Japanese	American Indian	Others and unknown	Total
≤9:								
Male								
Female								
10≤19:								
Male	2	1	1					4
Female		2	2					4
20≤29:								
Male	8	1	1					10
Female	7	2					1	10
30≤39:								
Male	4							4
Female	3	2		1				6
40≤49:								
Male	2							2
Female	3	1	1					5
50≤59:								
Male	3							3
Female	4							4
60≤69:								
Male	3							3
Female	2							2
70≤:	1							1
Female	2							2
Unknown:								
Male								
Female								
Subtotal:								
Male	23	2	2					27
Female	21	7	3	1			1	33
Total	44	9	5	1			1	60

	≤9	10≤19	20≤29	30≤39	40≤49	50≤59	60≤69	70≤
Total by sex (accident, suicide)[1]:								
Male (266)	1	21	114	43	32	29	15	11
Female (289)[1]	3	20	74	44	52	49	21	25
Grand total[1] (555)	4	41	188	87	84	78	36	36

[1] 1 unknown.

Alcohol involvement in drug overdose deaths, July 1971–December 1971

Level of alcohol in blood:	
≲0.04 percent	34
0.05 percent to ≲0.09 percent	37
0.10 percent to ≲0.14 percent	23
0.15 percent to ≲0.19 percent	26
0.20 percent to ≲0.24 percent	11
0.25 percent to ≲0.29 percent	8
0.30 percent to ≲0.34 percent	2
0.35 percent to ≲	3
Acute alcohol intoxication	
Total	144

Deaths due to narcotics and barbiturates overdose, July 1971–December 1971

Narcotics	86
Barbiturates	327
Barbiturates and narcotics	30

Narcotics:	
Heroin-morphine	81
Methadone	2
Dihydromorphinone	1
Codeine and morphine	1
Nalline and morphine	1
Total	86

Barbiturates:	
Secobarbital	124
Pentobarbital	51
Amobarbital and secobarbital	41
Phenobarbital	35
Secobarbital and pentobarbital	5
Amobarbital	4
Pentobarbital, amobarbital, and secobarbital	3
Secobarbital and phenobarbital	2
Phenobarbital, amobarbital, and secobarbital	2
Butabarbital	2
Secobarbital and butabarbital	2
Pentobarbital and butabarbital	2
Pentobarbital and phenobarbital	2
Pentobarbital and amobarbital	1
Methohexital	1
Barbiturates [1]	50
Total	327

Barbiturates and narcotics:	
Secobarbital and morphine	13
Phenobarbital and morphine	5
Secobarbital, phenobarbital, and morphine	4
Amobarbital, secobarbital, and morphine	3
Pentobarbital, secobarbital, and morphine	1
Amobarbital, secobarbital, phenobarbital and morphine	1
Phenobarbital and dihydromorphinone	1
Pentobarbital, morphine, and codeine	1
Phenobarbital, morphine, and codeine	1
Total	30

[1] On the toxicological report, no mention of what type of barbiturates.

DEATHS DUE TO OVERDOSE OF DRUGS BY GEOGRAPHICAL AREA (CITY OR COMMUNITY) JULY 1971–DECEMBER 1971

	Suicide	Accident	Unknown	Total
Acton				
Agoura				
Alhambra	2	1		3
Almandale				
Alpine				
Altadena	1			1
Arcadia			1	1
Arieta	1			1
Artesia				
Avalon				
Azusa	1	3		4
Baldwin Park	3			2
Bassett	2			3

DEATHS DUE TO OVERDOSE OF DRUGS BY GEOGRAPHICAL AREA (CITY OR COMMUNITY)
JULY 1971-DECEMBER 1971—Continued

	Suicide	Accident	Unknown	Total
Bel-Air				
Bell				
Bellflower	3	2		5
Bell Gardens				
Belvedere				
Beverly Hills	2		1	3
Beverlywood				
Bradbury (Estate)				
Brentwood				
Burbank	3	2		5
Calabasas				
Canoga Park				
Carson	1			1
Century City				
Cerritos				
Chatsworth				
Cheviot Hills				
City Terrace				
Claremont	1		1	2
Commerce				
Compton	2	4	1	7
Covina	1			1
Cudahy		1		1
Culver City	4			4
Cypress				
Del Valle				
Diamond Bar				
Dominguez				
Downey	2	1		3
Duarte		1		1
Eagle Rock				
East L.A				
East San Gabriel				
El Monte	3	1	1	5
El Segundo				
Encino				
Flintridge				
Forrest Park				
Gardena				
Glendale	9	1		10
Glendora			1	1
Granada Hills	3			3
Hacienda Heights	3	1		4
Harbor City	1			1
Hawaiian Gardens			1	1
Hawthorne	3	1	1	5
Hermosa Beach	1	2		3
Hidden Hills				
Highland Park				
Hollydale				
Hollywood	8	1		9
Huntington Beach				
Huntington Park	3	1		4
Industry				
Inglewood	2		1	3
Irwindale				
La Canada				
La Crescenta	1			1
La Habra				
Lake Hughes				
Lake Los Angeles				
Lake View Terrace				
Lakewood	3			3
Lamanda Park				
La Mirada				
Lancaster	3	1		4
La Palma				
La Puente	1			1
La Verne				
Lawndale	3	1		4
Lennox	1			1
Lincoln Village				
Little Rock				
Lomita				
Long Beach	23	7	2	32
Los Alamitos	1			1
Los Angeles	122	77	28	227
Los Nietos				
Lynwood	2	2		4
Malibu	2	2		4

DEATHS DUE TO OVERDOSE OF DRUGS BY GEOGRAPHICAL AREA (CITY OR COMMUNITY)

JULY 1971-DECEMBER 1971—Continued

	Suicide	Accident	Unknown	Total
Manhattan Beach				
Marina Del Rey		1		1
Mar Vista				
Maywood				
Miraleste				
Mission Hills	2			2
Monrovia	2			2
Montebello				
Monterey Park	1			1
Montrose				
Morningside Park				
Mount Wilson				
North Hollywood	5	3	1	9
Northridge	2			2
Norwalk	1			1
Oban				
Ocean Park				
Olive View				
Pacific Palisades	1			1
Pacoima				
Palmdale		1		1
Palms				
Palos Verdes Estates	1			1
Palos Verdes Peninsula	1			1
Panorama City				
Paramount				
Pardee				
Pasadena	5	1	3	9
Pearblossom				
Pearland				
Pico Rivera	1			1
Playa Del Rey				
Pomona	2		2	4
Potrero Heights				
Quarz Hill				
Rancho Park				
Ravenna				
Redondo Beach	6	2	1	9
Reseda				
Rolling Hills				
Rolling Hills Estates				
Rosemead	2			2
Rossmoor				
Rowland Heights				
San Dimas				
San Fernando				
San Gabriel	2	1		3
San Marino	2			2
San Pedro	1		1	2
Santa Fe Springs	1			1
Santa Monica	8	2	1	11
Santiago				
Saugus				
Seal Beach				
Sepulveda		1		1
Sherman Oaks	3		1	4
Sierra Madre				
Signal Hill		2		2
Soledad				
South El Monte				
South Gate		1		1
South Pasadena	1			1
South San Gabriel				
St. Johns				
Studio City				
Summit				
Sun Valley				
Sunland			1	1
Sunset Beach				
Surfside				
Sylmar				
Talamantes				
Tarzana				
Temple City	1			1
Terminal Island				
Toluca Lake				
Topanga				
Torrance	7	1	1	9
Tujunga				
Universal City				

DEATHS DUE TO OVERDOSE OF DRUGS BY GEOGRAPHICAL AREA (CITY OR COMMUNITY)
JULY 1971-DECEMBER 1971—Continued

	Suicide	Accident	Unknown	Total
Valencia				
Valinda		1		1
Van Nuys	4			4
Venice	3	4		7
Verdugo City				
Vernon				
Vincent				
Walnut Park	1		1	2
Walteria	1			1
Watts				
West Covina	1			1
West Hollywood		1		1
West Los Angeles	2			2
Westchester			1	1
Westlake Village				
Westwood				
Whittier	2	3	1	6
Willowbrook		1		1
Wilmington	1	1		2
Winnetka				
Woodland Hills	1		1	2
Unknown	11	43	5	59
Total	312	183	60	555

Deaths due to narcotics overdose by geographical area (city or community)
July 1971–December 1971

Acton	-----
Agoura	-----
Alhambra	1
Almandale	-----
Alpine	-----
Altadena	-----
Arcadia	-----
Arieta	-----
Artesia	-----
Avalon	-----
Azusa	3
Baldwin Park	-----
Bassett	-----
Bel-Air	-----
Bell	-----
Bellflower	-----
Bell Gardens	-----
Belvedere	-----
Beverly Hills	-----
Beverlywood	-----
Bradbury (Estate)	-----
Brentwood	-----
Burbank	1
Calabasas	-----
Canoga Park	-----
Carson	-----
Century City	-----
Cerritos	-----
Chatsworth	-----
Cheviot Hills	-----
City Terrace	-----
Claremont	-----
Commerce	-----
Compton	4
Covina	-----
Cudahy	-----
Culver City	-----
Cypress	-----
Del Valle	-----
Diamond Bar	-----
Dominguez	-----
Downey	-----
Duarte	1
Eagle Rock	-----
East L.A.	-----
East San Gabriel	-----
El Monte	-----
El Segundo	-----
Encino	-----
Flintridge	-----
Forrest Park	-----
Gardena	-----
Glendale	-----
Glendora	-----
Granada Hills	-----
Hacienda Heights	-----
Harbor City	-----
Hawaiian Gardens	-----
Hawthorne	1
Hermosa Beach	1
Hidden Hills	-----
Highland Park	-----
Hollydale	-----
Hollywood	2
Huntington Beach	-----
Huntington Park	-----
Industry	-----
Inglewood	-----
Irwindale	-----
La Canada	-----
La Crescenta	-----
La Habra	-----

Deaths due to narcotics overdose by geographical area (city or community) July 1971–December 1971—Continued

Lake Hughes	-----	Rossmoor	-----
Lake Los Angeles	-----	Rowland Heights	-----
Lake View Terrace	-----	San Dimas	-----
Lakewood	-----	San Fernando	-----
Lamanda Park	-----	San Gabriel	-----
La Mirada	-----	San Marino	-----
Lancaster	-----	San Pedro	-----
La Palma	-----	Santa Fe Springs	-----
La Puente	-----	Santa Monica	1
La Verne	-----	Santiago	-----
Lawndale	-----	Saugus	-----
Lennox	-----	Seal Beach	-----
Lincoln Village	-----	Sepulveda	-----
Little Rock	-----	Sherman Oaks	-----
Lomita	-----	Sierra Madre	-----
Long Beach	5	Signal Hill	-----
Los Alamitos	-----	Soledad	-----
Los Angeles	52	South El Monte	-----
Los Nietos	-----	South Gate	-----
Lynwood	1	South Pasadena	-----
Malibu	1	South San Gabriel	-----
Manhattan Beach	-----	St. Johns	-----
Marina Del Rey	-----	Studio City	-----
Mar Vista	-----	Summit	-----
Maywood	-----	Sun Valley	-----
Miraleste	-----	Sunland	-----
Mission Hills	-----	Sunset Beach	-----
Monrovia	-----	Surfside	-----
Montebello	-----	Sylmar	1
Monterey Park	-----	Talamantes	-----
Montrose	-----	Tarzana	-----
Morningside Park	-----	Temple City	-----
Mount Wilson	-----	Terminal Island	-----
North Hollywood	1	Toluca Lake	-----
Northridge	-----	Topanga	-----
Norwalk	-----	Torrance	1
Oban	-----	Tujunga	-----
Ocean Park	-----	Universal City	-----
Olive View	-----	Valencia	-----
Pacific Palisades	-----	Valinda	-----
Pacoima	-----	Van Nuys	-----
Palmdale	1	Venice	-----
Palms	-----	Verdugo City	-----
Palos Verdes Estates	-----	Vernon	-----
Palos Verdes Peninsula	-----	Vincent	-----
Panorama City	-----	Walnut Park	-----
Paramount	-----	Walteria	-----
Pardee	-----	Watts	-----
Pasadena	2	West Covina	-----
Pearblossom	-----	West Hollywood	1
Pearland	-----	West Los Angeles	-----
Pico Rivera	-----	Westchester	-----
Playa Del Rey	-----	Westlake Village	-----
Pomona	-----	Westwood	-----
Potrero Heights	-----	Whittier	-----
Quarz Hill	-----	Willowbrook	-----
Rancho Park	-----	Wilmington	1
Ravenna	-----	Winnetka	-----
Redondo Beach	1	Woodland Hills	-----
Reseda	-----	Unknown	33
Rolling Hills	-----		
Rolling Hills Estates	-----		
Rosemead	-----	Total	116

DEATHS DUE TO OVERDOSE OF DRUGS--BY MODE OF DEATH AND TYPE OF DRUG, JANUARY 1972-JUNE 1972

Mode of death	Type of drugs— Barbiturates	Narcotics	Barbituates and narcotics	Hypnotics excluding barbituates	Analgesics	Stimulants	Others	Unknown	Total
Accident	37	107	16	3	5	1	8	3	180
Suicide	234	2	5	32	21	14	15	8	331
Unknown	37	3	1	6	6	2	1	1	57
Homicide	[1] 1								[1] 1
Total	309	112	22	41	32	17	24	12	569

[1] 1 Homicide: age 2, female, caucasian, Beverly Hills, acute secobarbital intoxication.

DEATHS DUE TO OVERDOSE OF DRUGS—MODE OF DEATH, TYPE OF DRUG, AGE GROUP, JANUARY 1972-JUNE 1972

ACCIDENT

Age group	Type of drugs— Barbiturates	Narcotics	Barbiturates and narcotics	Hypnotics excluding barbiturates	Analgesics	Stimulants	Others	Unknown	Total
≤9	1				1		1	1	4
10≤19	6	2					1		9
20≤29	13	60	9		1	1	3	2	89
30≤39	6	27	6	1	2				42
40≤49	5	17	1	1					24
50≤59	2	1		1	1		2		7
60≤69	3						1		4
70≤	1								1
Unknown									
Total	37	107	16	3	5	1	8	3	180

SUICIDE

Age group	Barbiturates	Narcotics	Barbiturates and narcotics	Hypnotics excluding barbiturates	Analgesics	Stimulants	Others	Unknown	Total
≤9									
10≤19	16		1				1	1	19
20≤29	57		2	7	8	4	3		81
30≤39	27	1	1	9	6	4	1		49
40≤49	47		1	7	3	3	4	2	67
50≤59	30	1		4	3	3	2	3	46
60≤69	31			4	1		3		39
70≤	26			1			1	2	30
Unknown									
Total	234	2	5	32	21	14	15	8	331

UNKNOWN

Age group	Barbiturates	Narcotics	Barbiturates and narcotics	Hypnotics excluding barbiturates	Analgesics	Stimulants	Others	Unknown	Total
≤9									
10≤19	3				1			1	5
20≤29	11	2		3	1				17
30≤39	6	1	1	2	2	2			14
40≤49	9			1	1				11
50≤59	3				1				4
60≤69	4						1		5
70≤	1								1
Unknown									
Total	37	3	1	6	6	2	1	1	57

	≤9	10≤19	20≤29	30≤39	40≤49	50≤59	60≤69	70≤	Unknown
Grand total (accident, suicide, unknown) 568	4	33	187	105	102	57	48	32	

DEATHS DUE TO OVERDOSE OF DRUGS—MODE OF DEATH, AGE GROUP, ETHNIC GROUP, SEX, JANUARY 1972-JUNE 1972

ACCIDENT

Age group and sex	Ethnic group: White excluding Spanish surname	Negro	Spanish surname	Chinese	Japanese	American Indian	Others and unknown	Total
≤9:								
Male		2	1					3
Female	1							1
10≤19:								
Male	2	2	1		1			6
Female	1	1	1					3
20≤29:								
Male	40	8	24				1	73
Female	7	6	3					16
30≤39:								
Male	13	8	11				1	33
Female	2	3	4					9
40≤49:								
Male	11	4	4					19
Female	3	2						5
50≤59:								
Male	4	1	1					6
Female	1							1
60≤69:								
Male	1	1						2
Female	2							2
70≤:								
Male	1							1
Female								
Unknown:								
Male								
Female								
Subtotal:								
Male	72	26	42		1		2	143
Female	17	12	8					37
Total	89	38	50		1		2	180

SUICIDE

Age group and sex	Ethnic group: White excluding Spanish surname	Negro	Spanish surname	Chinese	Japanese	American Indian	Others and unknown	Total
≤9:								
Male								
Female								
10≤19:								
Male	3							3
Female	8	4	2		1	1		16
20≤29:								
Male	31	1	6		1			39
Female	25	8	8				1	42
30≤39:								
Male	17	3						20
Female	24	2	3					29
40≤49:								
Male	19	3	1		1			24
Female	38	1	4					43
50≤59:								
Male	16							16
Female	28		2					30
60≤69:								
Male	9	1	2					12
Female	25	1	1					27
70≤:								
Male	6							6
Female	24							24
Unknown:								
Male								
Female								
Subtotal:								
Male	101	8	9		2			120
Female	172	16	20		1	1	1	211
Total	273	24	29		3	1	1	331

DEATHS DUE TO OVERDOSE OF DRUGS—MODE OF DEATH, AGE GROUP, ETHNIC GROUP, SEX, JANUARY 1972-JUNE 1972—Continued

UNKNOWN

Age group and sex	Ethnic group: White excluding Spanish surname	Negro	Spanish surname	Chinese	Japanese	American Indian	Others and unknown	Total
≤9:								
Male								
Female								
10≤19:								
Male	2							2
Female	2	1						3
20≤29:								
Male	5	3	1					9
Female	4	3	1					8
30≤39:								
Male	2	1						3
Female	5	3	3					11
40≤49:								
Male	5	1						6
Female	4		1					5
50≤59:								
Male								
Female	4							4
60≤69:								
Male	1	1						2
Female	3							3
70≤:								
Male								
Female	1							1
Unknown:								
Male								
Female								
Subtotal:								
Male	15	6	1					22
Female	23	7	5					35
Total	38	13	6					57

	≤9	10≤19	20≤29	30≤39	40≤49	50≤59	60≤69	70≤
Total by sex (accident, suicide):[1]								
Male (285)	3	11	121	56	49	22	16	7
Female (283)	1	22	66	49	53	35	32	25
Grand total (568)	4	33	187	105	102	57	48	32

Alcohol involvement in drug overdose deaths, January 1972–June 1972

Level of alcohol in blood:	
≤0.04 percent	32
0.05 percent to ≤0.09 percent	42
0.10 percent to ≤0.14 percent	26
0.15 percent to ≤0.19 percent	24
0.20 percent to ≤0.24 percent	16
0.25 percent to ≤0.29 percent	10
0.30 percent to ≤0.34 percent	
0.35 percent≤	1
Acute alcohol intoxication	3
Total	154

Deaths due to narcotics and barbiturates overdose, January 1972–June 1972

Narcotics	112
Barbiturates	309
Barbiturates and narcotics	22
Narcotics:	
Heroin-morphine	102
Methadone	5
Methadone and morphine	1
Codeine	1
Codeine and morphine	3
Total	112
Barbiturates:	
Secobarbital	104
Pentobarbital	55
Amobarbital and secobarbital	55
Phenobarbital	18
Secobarbital and pentobarbital	12
Amobarbital	5
Secobarbital and phenobarbital	4
Phenobarbital, amobarbital and secobarbital	4
Butabarbital	3
Pentobarbital and phenobarbital	2
Pentobarbital and amobarbital	1
Pentobarbital, secobarbital and phenobarbital	1
Butabarbital, amobarbital and secobarbital	1
Barbiturates [1]	44
Total	309
Barbiturates and narcotics:	
Secobarbital and morphine	9
Phenobarbital and morphine	2
Pentobarbital and morphine	2
Pentobarbital, morphine and codeine	2
Barbiturates and methadone [1]	2
Secobarbital and methadone	1
Amobarbital and morphine	1
Pentobarbital, phenobarbital and morphine	1
Pentobarbital, secobarbital and morphine	1
Secobarbital, phenobarbital and morphine	1
Total	22

[1] On the toxicological report, no mention of what type of barbiturates.

CORONER DEATHS DUE TO OVERDOSE OF DRUGS BY GEOGRAPHICAL AREA (CITY OR COMMUNITY)
JANUARY 1972-JUNE 1972

	Suicide	Accident	Unknown	Total
Acton				
Agoura	1			1
Alhambra	4			4
Almandale				
Alpine				
Altadena			1	1
Arcadia	1			1
Arieta		1		1
Artesia				
Avalon				
Azusa	2	1	1	4
Baldwin Park				
Bassett				
Bel-Air				
Bell	2		1	3
Bellflower	2		2	4
Bell Gardens	1			1
Belvedere				
Beverly Hills	5	[1] 1		6
Beverlywood				
Bradbury (Estate)				
Brentwood				
Burbank	7	2	1	10
Calabasas				
Canoga Park	2	1		3
Carson				
Century City				
Cerritos				
Chatsworth	1	1		2
Cheviot Hills				
City Terrace				
Claremont	2			2
Commerce	1			1
Compton	2	3	4	9
Covina	1			1
Cudahy				
Culver City	1			1
Cypress				
Del Valle				
Diamond Bar				
Dominguez				
Downey	4		1	5
Duarte				
Eagle Rock				
East Los Angeles		2		2
East San Gabriel				
El Monte	3	1	1	5
El Segundo				
Endino	4			4
Flintridge				
Forrest Park				
Gardena	1			1
Glendale	11	6		17
Glendora	1			1
Granada Hills	1	1		2
Hacienda Heights	1			1
Harbor City				
Hawaiian Gardens	1			1
Hawthorne	5	1		6
Hermosa Beach				
Hidden Hills				
Highland Park				
Hollydale				
Hollywood	7	1		8
Huntington Beach				
Huntington Park	1		1	2
Industry				
Inglewood	3		1	4
Irwindale				
La Canada	1		1	2
La Crescenta				
La Habra				
Lake Hughes				
Lake Los Angeles				
Lake View Terrace				
Lakewood	1			1
Lamanda Park				

[1] 1 homicide.

CORONER DEATHS DUE TO OVERDOSE OF DRUGS BY GEOGRAPHICAL AREA (CITY OR COMMUNITY) JANUARY 1972-JUNE 1972—Continued

	Suicide	Accident	Unknown	Total
La Mirada	3	1		4
Lancaster	4	1		5
La Palma				
La Puente			1	1
La Verne				
Lawndale	2			2
Lennox				
Lincoln Village				
Little Rock				
Lomita	1			1
Long Beach	17	10	4	31
Los Alamitos		1		1
Los Angeles	107	79	19	205
Los Nietos				
Lynwood		1	1	2
Malibu	2	1		3
Manhattan Beach	3	1		4
Marina Del Rey	1			1
Mar Vista				
Maywood				
Miraleste				
Mission Hills	1	1		2
Monrovia	2			2
Montebello	2	1		3
Monterey Park	2	1	1	4
Montrose	1			1
Morningside Park				
Mount Wilson	1			1
North Hollywood	7	1		8
Northridge	2	1		3
Norwalk	2			2
Newhall	2			2
Ocean Park				
Olive View				
Pacific Palisades	2	1		1
Pacoima		1		1
Palmdale	1			3
Palms				
Palos Verdes Estates				
Palos Verdes Peninsula				
Panorama City	1			1
Paramount	4	1		5
Pardee				
Pasadena	7	4	2	13
Pearblossom				
Pearland				
Pico Rivera	1	3		4
Playa Del Rey				
Pomona	2	1		3
Potrero Heights				
Quarz Hill				
Rancho Park				
Ravenna				
Redondo Beach	6			6
Reseda	4	1		5
Rolling Hills				
Rolling Hills Estates				
Rosemead	4	1		5
Rossmoor				
Rowland Heights				
San Dimas				
San Fernando		1	1	2
San Gabriel	1			1
San Marino	1			1
San Pedro	1	1		2
Santa Fe Springs				
Santa Monica	9		1	10
Santiago				
Saugus	1			1
Seal Beach				
Sepulveda	3	1	1	5
Sherman Oaks	3		1	4
Sierra Madre				
Signal Hill	1			1
Soledad				
South El Monte				
South Gate	1		1	2
South Pasadena				

CORONER DEATHS DUE TO OVERDOSE OF DRUGS BY GEOGRAPHICAL AREA (CITY OR COMMUNITY) JANUARY 1972–JUNE 1972—Continued

	Suicide	Accident	Unknown	Total
South San Gabriel				
St. Johns				
Studio City	2			2
Summit				
Sun Valley				
Sunland	2			2
Sunset Beach				
Surfside				
Sylmar	2	1		2
Talamantes				
Tarzana				
Temple City				
Terminal Island				
Toluca Lake				
Topanga	1			1
Torrance	4			4
Tujunga				
Universal City				
Valencia				
Valinda	1			1
Van Nuys	2		2	4
Venice			1	1
Verdugo City				
Vernon				
Vincent				
Walnut Park				
Walteria				
Watts				
West Covina	1	1		2
West Hollywood	2	1		3
West Los Angeles	7	1		8
Westchester	1	2		3
Westlake Village				
Westwood				
Whittier	3	1	2	6
Willowbrook		1		1
Wilmington		2		2
Winnetka				
Woodland Hills	1			1
Out of Los Angeles County	1			1
Unknown	6	34	4	44
Total	331	180	57	569

[1] 1 homicide

Chairman PEPPER. Would you call the next witness.

Mr. PHILLIPS. Yes, Mr. Chairman.

The next witnesses are a panel of young people who have attended the high schools of the Los Angeles County area and have been involved with the drug problem here.

These young adults are in a treatment and rehabilitation program in the mountains nearby.

Chairman PEPPER. Ladies and Gentlemen, we are pleased to have you before the committee.

Counsel, will you inquire?

STATEMENTS OF MARK, ED, AND LaVON, CEDU FOUNDATION, RUNNING SPRINGS, CALIF.; TONY, TARZANA CENTER, TARZANA, CALIF.; AND PAM, ASIAN SISTERS, LOS ANGELES, CALIF.

Mr. PHILLIPS. Mark Beavers, would you tell us how old you are?

MARK. I am 15.

Mr. PHILLIPS. Where have you lived in California?

MARK. Pasadena.

Mr. Phillips. What high schools have you attended in the Los Angeles County area?

Mark. I have attended Muir, Continuation, Blair Day School and Blair Night School.

Mr. Phillips. Did you attend a junior high school prior to going to high school?

Mark. Yes. I attended several junior high schools, too.

Mr. Phillips. Tell us whether you originally went to St. Elizabeth's High School, as well?

Mark. Yes, I did; but it was a grammar school.

Mr. Phillips. Could you tell us when you first got involved with using drugs?

Mark. It was at the end of fifth grade. I was about 10.

Mr. Phillips. Tell us how that came about.

Mark. Well, there weren't a lot of drugs in the school but I had an older sister and I got a lot of influence from her and her friends who were using drugs. And I decided to try it out. It was something I wanted to do. So right around the end of the fifth grade, I started taking downers.

Mr. Phillips. You say you started taking downers. Downers are what?

Mark. Reds.

Mr. Phillips. Reds. Where did you get the original reds you were taking?

Mark. Most of them I got from my sister's friends. And then I found other sources to get them.

Mr. Phillips. Did you continue using drugs?

Mark. Yes, I did.

Mr. Phillips. Tell us a little more about that.

Mark. Well, I tried the reds and a few other downers and like that. And I started smoking marihuana and I was smoking dope. I started smoking hash and opium. And I don't know, the effects of the drugs were pleasant, or something, you know. It felt good. So I just started getting into that.

I started smoking a lot more dope and taking downers and eventually I started taking psychedelics, LSD and mescaline, and I got pretty caught up in it.

Mr. Phillips. This was all before you were 15?

Mark. Yes.

Mr. Phillips. Could you tell us what the situation was at Muir High School in relation to the availability of drugs?

Mark. When I went to Muir, I think drugs were just everywhere. They were available on campus, around campus and all, just all through. During lunch breaks and different breaks between classes, usually you see at least 50 percent of the student body would be out on the football field or somewhere around the campus in groups smoking, and people would be selling dope to them. It was always there. It was always available.

Mr. Phillips. What kind of dope could you buy at high school?

Mark. Mostly, I guess, what would be soft stuff. You couldn't really get cocaine or heroin unless you had a friend come over and bring it to you, or something like that. But you could always find reds and sometimes, like, white, variations of uppers, and you could always find marihuana.

Mr. Phillips. Essentially, the ones that were most available were reds and then there was marihuana and then whites. When you say "whites," you mean amphetamines; is that correct?

Mark. Yes.

Mr. Phillips. What was the price of reds in school?

Mark. They average about four for a dollar.

Mr. Phillips. Could you tell us what you paid for pot?

Mark. I paid about $10 for about three-quarters of an ounce.

Mr. Phillips. What was the price of acid?

Mark. Average about $2 a hit.

Mr. Phillips. And how about amphetamines?

Mark. You get about 10 for a dollar.

Mr. Phillips. Are they the mini-whites?

Mark. Yes.

Mr. Phillips. Did there come a time when you were actually dealing in school?

Mark. Yes, about the time I entered Muir. I kind of played around with it a little bit before I went there, when I was in junior high school and it was getting harder to find money for my own habit to take dope. And when I came to Muir, the opportunity was just there and I took advantage of that. I started selling downers and other variations of dope if I could get ahold of it or if I had the money.

Mr. Phillips. You started selling to other students; is that correct?

Mark. Right.

Mr. Phillips. So you got to know most of the students who were——

Mark. That were involved with drugs; yes.

Mr. Phillips. Could you give us your estimate, when you were selling, of how many of the other students at the school were into drugs?

Mark. Well, just from the ones I knew and the ones I saw, there had to be at least 50 percent. And a lot more, I guess, in Muir High School. When I was there, it was probably about 75 percent of the kids were into it. Not all of them could afford it and not all of them could get it, but there were that many that wanted it, if they didn't have the chance.

Mr. Phillips. Could you tell us what you did with the money? Did you sell for any particular reason?

Mark. Just to get my own dope. My resistance was going up, it took more to get me high and I could smoke a lot more pot, and it was just harder to get loaded. And I needed more money to keep buying more dope for myself; so most of the money I made went into that.

Mr. Phillips. Did you get involved in any criminal activity, Mark?

Mark. Yes, that was primarily when I was in junior high school. At about the seventh grade, I met a lot of people that were into drugs, that were older than I was, and they were robbing houses, stealing cars, and things like that, to keep their habit up. So they taught me, you know, how to get around and how to do it and I started pulling off burglaries and things like that.

Mr. Phillips. Would you tell us what type of crimes you got involved with?

Mark. Primarily, just burglaries, break into houses and look for different items that would be easy to sell, or cash, guns. Guns are easy to sell. A lot of people want guns for different reasons. And jewelry.

Mr. Phillips. Who were you selling the guns to?

Mark. Just people on the streets. People we knew. Sometimes people that were involved with, like bike groups, or people we knew that were dealing and they needed more guns to protect their own thing. Because they take a lot of chances selling dope, getting ripped off, so they like to have some armor around.

Mr. Phillips. When you got your drugs, did you get them from older students or who did you get them from?

Mark. Yes, I did. Most of the drugs I bought were from people who were out of high school or in their twenties.

Mr. Phillips. And you resold it in school; is that correct?

Mark. Yes.

Mr. Phillips. And you supported your own habit with the profit you made by selling?

Mark. Correct.

Mr. Phillips. Tell us the maximum amount of drugs that you could buy, or did buy.

Mark. Well, as far as downers, I bought as many as 1,000 at a time. I made other purchases of marihuana that were larger and things like that; but on downers, downers was where the business was at to make the profit. Downers were easier to sell in school. I could usually go to high school and in 1 hour, during one lunch period, I could sell from 200 to 500 downers and still have people wanting more and I wouldn't have enough on me to do it.

Mr. Phillips. Did you ultimately go to a continuation school?

Mark. Yes; I did.

Mr. Phillips. Could you tell us what the drug situation was in the continuation school?

Mark. Well, there it was even worse because all of the kids there were just kids that got busted for dope or something else and they got sent there. So everyone there was involved with dope. Not all of the kids could always afford it, but everyone there was always looking for it and most of the time, at least three-fourths of the school was getting high every day during classes and during breaks.

Mr. Phillips. In relation to that, could you tell us what the teachers' reactions were to people who were taking drugs in school?

Mark. Well, in the continuation school, if kids came too early to class and they couldn't stay awake or had trouble talking or walking, they would send them in the principal's office and he would take them out for a cup of coffee or something, tell them to sober up and give them a couple more chances. The teachers didn't really mind if the kids came in and they were high from smoking pot or hash, because most of the teachers I knew in the continuation school smoked pot themselves; and in the other schools, in the regular public schools, they were kind of like they were aggravated. They didn't care much. They just wanted to get the kids in and out of class and they just kind of shoved them through and they didn't pay much attention to the drug problem.

They either say, "OK, you can come in if you are OK," or "Get out, you are too loaded."

Mr. Phillips. Did you see any drug education in relation to your school?

Mark. I didn't see any when I was there.

Mr. Phillips. Now, Ed, could you tell us how old you are?

Ed. I am 17.

Mr. Phillips. You just turned 17; is that correct?

Ed. Yes.

Mr. Phillips. When did you start using drugs?

Ed. I started with drugs when I was about 12 years old.

Mr. Phillips. What grade were you in at that time?

Ed. I was in seventh grade in junior high school.

Mr. Phillips. Tell us how it came about.

Ed. Well, my friend was stealing yellow jackets, I guess you would call them, from his grandmother, and we just started taking them.

Mr. Phillips. Tell us whether or not you did any drugs while you were in high school?

Ed. I did drugs while I was in high school. I was selling, too, to keep up my habit.

Mr. Phillips. Essentially, what were you selling?

Ed. I was selling mostly reds.

Mr. Phillips. Was there a substantial market for reds?

Ed. Yes, there was.

Mr. Phillips. Where did you get the reds you were selling?

Ed. I had a friend, an older friend, that delivered them to me and I don't know where he got them.

Mr. Phillips. What were the number of youngsters that you would estimate were into drugs at your high school?

Ed. I would say about 75 to 80 percent.

Mr. Phillips. And were they into just reds or were they into anything else?

Ed. Well, most of them had tried it, smoked a little marihuana, not into anything really heavy.

Mr. Phillips. What school was that?

Ed. It was El Rancho.

Mr. Phillips. El Rancho High School. Where was that?

Ed. In Pico Rivera.

Mr. Phillips. Were you dealing in drugs there?

Ed. Yes, I was.

Mr. Phillips. Tell me how much, the amount of drugs, you could deal in a high school per day?

Ed. Usually I dealt between $100 and $150 a day, which would be about 1,000, 1,500 reds.

Mr. Phillips. So you could sell in one high school, in one day, 1,000 to 1,500 reds?

Ed. Yes.

Mr. Phillips. That was the most popular?

Ed. Yes. Besides marihuana, it was the most popular.

Mr. Phillips. Were there other drugs available at that school?

Ed. Yes, there was. Everything available. About the only thing that wouldn't be would be heroin.

Mr. Phillips. Could you tell us what drugs you had particularly used?

Ed. I had used yellows and mostly reds, and a little cocaine, acid, and mescaline.

Mr. Waldie. Were there many students dealing at that level of drugs in that high school?

Ed. Most of the people that dealt there were out of school, or kicked out of school.

Mr. Waldie. Were you a rare case, dealing in the school?

Ed. I was sent to continuation school. I would go—at the time I was dealing I didn't go to school.

Mr. Waldie. You were out of school at the time you were dealing?

Ed. I just hung around the school.

Mr. Waldie. How many dealers were in that school or around that school dealing at the level you were dealing?

Ed. I couldn't say because people would deal in different things and they would constantly go on while school was in session.

Mr. Waldie. I have no further questions.

Chairman **Pepper.** How much did you get for those reds, per unit, or each?

Ed. For each red? I would get about a quarter for each red, four in a roll.

Mr. Phillips. But you would sell them at a dollar a roll; is that correct?

Ed. Yes.

Mr. Phillips. How would you buy them, by the jar?

Ed. Well, my friend would give them to me and I would sell them for him and he would give me my supply in return.

Mr. Phillips. Did you get heavily involved in taking reds yourself?

Ed. Yes.

Mr. Phillips. How many reds would you take a day when you were seriously involved?

Ed. I would take usually four or five in the morning, and at night I would take anywhere from five or six. I would take on the average of 10 a day.

Mr. Phillips. Were there other youngsters going into the school under the influence of drugs?

Ed. Yes. There was a lot of people.

Mr. Phillips. Could you tell us what the teacher reaction was to that?

Ed. They would either just send us to the principal, or sometimes they would just tell us to go home, go somewhere besides school.

Mr. Phillips. Was there any drug education or drug counseling program in your particular school?

Ed. There is for when you first come into 10th grade, there is. But it isn't very good. They just tell you what the drugs are and not to use them.

Mr. Waldie. When you were dealing outside of the school, does that mean you did not go on the campus; you were just in the general vicinity around the school?

Ed. I would be at the school and I would take, like orders and things. and I would go back and get them and deliver them and then I would go off campus, too.

Mr. Waldie. You were not enrolled in that school at that time?

Ed. I was involved in that school for part of the day and then in continuation.

Mr. Waldie. And when you were enrolled there, were you dealing on the campus?

Ed. Yes, sir.

Mr. Waldie. How many were there? Have you any idea, or were you unique at the level you were dealing, or was there a fairly common level?

Ed. There might be anywhere from 10 to 50 people, depending on what was going on.

Mr. Waldie. Were they fairly well identifiable? Did the student community know who the dealers were?

Ed. Most of them.

Mr. Waldie. What was the law enforcement situation outside of the campus; was there any fear in that dealer community of apprehension?

Ed. There were sheriffs patrolling the school all of the time and every once in awhile they would bust somebody for selling.

Mr. Waldie. Was it generally, though, assumed you could do it without much fear of being busted?

Ed. As long as the police weren't around, you would be OK, or if you were inside the campus and nobody saw you.

Mr. Waldie. And there was no problem, apparently, if there were roughly 50 of you in that school that were readily identifiable. There was no fear anyone would report you?

Ed. They would report we were on the campus, because most of them weren't supposed to be around the school. And by the time they would come to get us, we would be gone already.

Mr. Waldie. All right.

Mr. Anderson. Ed, just a chronology of your background. You were already taking drugs when you were 12 years old, in the seventh grade?

Ed. Yes.

Mr. Anderson. You were selling reds at junior high school where 75 percent of the youngsters were already using them, but you didn't receive any drug abuse education until you arrived at the 10th grade in senior high school; is that it?

Ed. That is right.

Mr. Anderson. In the meantime, you had been using them and selling them and most of the youngsters in the school had been using them for 3 years prior to that time?

Ed. Yes.

Mr. Anderson. At that time they only told you what they were and not to use them, which is a little bit late, isn't it?

Ed. Right.

Mr. Anderson. Thank you.

Mr. Phillips. Perhaps you could tell us just briefly, Ed, about your ultimate involvement in the program you are presently in.

Ed. Yes.

Mr. **Phillips.** Tell us a little bit about the program.

Ed. The program is the CEDU Foundation. It is a place where so many kids can either come, private placement, probation, or if they would like the help, they could just come there and maybe get a scholarship. And you learn just to be yourself without any drugs, without anybody else, without an image. You just get to know yourself really good. And you don't need drugs to do that.

Mr. **Phillips.** And you found that this particular program has been very beneficial to you; is that correct?

Ed. Yes.

Mr. **Phillips.** It has gotten you off drugs and gotten your life straightened out as well?

Ed. So far it has. I am going to keep in the program.

Chairman **Pepper.** Excuse me just a minute. Is this where the students work together, rap, as it were, as they say, together? The students communicate with one another and tell their experiences and talk to one another, and the like?

Ed. Yes.

Chairman **Pepper.** Is that what is called a peer therapy or rap program?

Ed. This is like the rap program.

Mr. **Phillips.** Tony, perhaps you might be next. How old are you?

Tony. I am 18 now.

Mr. **Phillips.** What high schools have you attended here in the Los Angeles County area?

Tony. Yes. I attended Los Angeles High, Monroe High, and Dorsey High.

Mr. **Phillips.** What was the situation in relation to drug abuse at Los Angeles High School?

Tony. Well, like three-fourths of the school, you know, are using drugs. It is mostly marihuana. About 50 percent like barbiturates, reds, and whites, and things like that.

Mr. **Phillips.** Are these drugs easily obtained on the high school campus?

Tony. Yes. Prevalent all through the school.

Mr. **Phillips.** At the time you were there?

Tony. At the time I was there, it was always around. You could always get, you know, something. A routine thing, you know, happening there. You would buy them, purchase them, anything else.

Mr. **Phillips.** So you buy and sell drugs right in the high school and it was a routine matter?

Tony. Right. Like you go to school, it would be dealers in front of the school and the parks around the school and in the school's bathrooms, football fields, behind portables, all around.

Mr. **Phillips.** Could you get acid as well as reds?

Tony. Acids, mescaline, cocaine there, too.

Mr. **Phillips.** Did you actually get involved in dealing in school?

Tony. Yes. I indulged for quite awhile.

Mr. **Phillips.** How long were you dealing in school?

Tony. Well, I dealt off and on, you know. Like usually I would buy, I come there and buy, you know. Like during intermediate time, there was crime, different things that kind of forced me into getting money, you know, to buy the drugs.

Mr. MURPHY. I would like to pursue that point with you a minute. You mentioned there was crime involved?

TONY. Right.

Mr. MURPHY. Did you, yourself, participate in any of that?

TONY. Right.

Mr. MURPHY. What type of crime would it be?

TONY. Mostly it was burglaries; but I ended up robberies, home robberies.

Mr. MURPHY. How many burglaries or armed robberies would you say you were involved in, in your high school period, while taking drugs?

TONY. I can't be too sure.

Mr. MURPHY. Just give us a rough estimate.

TONY. Approximately, like 40 to 50 robberies.

Mr. MURPHY. Forty or 50 robberies?

TONY. Right.

UNIDENTIFIED VOICE. Excuse me, Congressman. May I clarify?

Mr. MURPHY. Yes.

UNIDENTIFIED VOICE. Does this man have immunity when he is testifying? He is incriminating himself.

Mr. PHILLIPS. There is no purpose in that. There is no intent to incriminate him. These are general questions. He does not have immunity unless he is subpenaed and we certainly don't intend to infringe upon his rights. It hasn't happened anywhere else.

The gentleman speaking is the counselor from the program, and has been most cooperative with us.

I don't think there is any justification for your fear. This is just a general area of inquiry.

Mr. MURPHY. Counsel, we have done this all over the country and it is typical of the pattern. In fact, I was just mentioning to Mr. Anderson next to me that in Dade County, Fla., a young man testified he personally was involved in 400 burglaries over a 3-year period of high school.

My point being, I don't want to jeopardize anyone's position here; my point being so much crime involved in the youth and procurement of drugs, and that we have had statistics that are alarming. Our Federal system, some 40 percent of the inmates are in on drug-related crimes. In the State of Pennsylvania, I think the Governor testified, in fact, that over 50 percent of the inmate population in that State was in there as a result of drug-related crimes. That is my only point. I won't go into any specifics.

UNIDENTIFIED VOICE. Tony does have some legal things.

Mr. MURPHY. And your concern is justifiable.

Chairman PEPPER. If any of you have any cases pending or anything like that, or any questions about any of the questions asked, please say so, because none of the members of the committee wish to embarrass you or jeopardize your rights in any way.

Mr. MURPHY. That is all the questions I have.

Mr. PHILLIPS. Could you tell us what grade level you were in, Tony, when you first got involved with any type of drugs?

Tony. I was just out of sixth grade, going into the seventh grade.

Mr. Phillips. What drug were you involved with that time?

Tony. Marihuana, I started out with.

Mr. Phillips. By the time you got to the ninth grade, were you into anything else?

Tony. Ninth grade, I was turned on to barbiturates, red devils.

Mr. Phillips. Red devils. And did you ever get involved with anything more serious than reds?

Tony. Cocaine. That is about it.

Mr. Phillips. Just cocaine?

Tony. Right.

Mr. Phillips. And that was in high school?

Tony. Right.

Mr. Phillips. You were dealing in high school and taking a lot of drugs in high school; is that correct?

Tony. That is true.

Mr. Phillips. And you managed to graduate from high school?

Tony. Right.

Mr. Phillips. Could you tell us what the teacher reaction was to your taking drugs; if they were aware of it?

Tony. Like, they had a pretty much indifferent attitude, you know. Like, they saw it. There wasn't nothing much they could do. They refer you to the office and from there, you know, home or something like that, or to the police station, whatever.

Chairman **Pepper.** Did you have a drug counselor in the school?

Tony. Yes. We had a health teacher. She was supposed to be a drug counselor. Like things were so engrossed in the drug situation, that she didn't give it any attention whatsoever. They rejected everything she said.

Mr. Phillips. LaVon, perhaps you might be next. Could you tell us how old you are?

LaVon. I am 17.

Mr. Phillips. You attended a number of high schools in the Los Angeles area and even further south in southern California; is that correct?

LaVon. Yes.

Mr. Phillips. One of the things you told us, LaVon, I think before coming here, was the fact that your father has made repeated efforts to find better schools for you, to see if you could solve your drug problem. Would you just comment on that?

LaVon. Like we traveled a lot. Every time we moved he would do his best to find the best school he thought would be for me or my sister. He would look up records of the schools and he would like to send me to the best school he could find. And it seemed like each school I went to, the drug problem got worse and worse.

Mr. Phillips. The better the school you would find, the worse the drug problem was?

LaVon. Yes. The better the school, the higher the social level, the more drugs there were.

Mr. Phillips. Could you tell us when you first got involved with drugs?

LaVon. The summer after I graduated from the sixth grade. I was 11.

Mr. **Phillips.** Could you tell us how that came about?

LaVon. My mother died when I was 11 and my dad traveled. My brother was taking care of the household alone. So there was, like, my brother, my sister and I at home alone at lot; like my father would travel for a couple of weeks and we would be home and it would be a constant party. My brother started taking drugs and so did my sister and I just kind of followed the pattern.

Mr. **Phillips.** You got heavily involved with drugs; is that correct?

LaVon. Yes.

Mr. **Phillips.** Could you tell us what the situation was, say, in Point Loma High School?

LaVon. Point Loma? I would say, like everybody at that school, you know, was either loaded or got loaded, you know, while they were going to school. It was like people would go to school stoned but not do anything in class, you know, just sit there and space out and not do anything. And before school, like across the street there was a church, and everyone would go over there and deal in drugs and get loaded and go to church, if they were in class or out of class.

If they didn't go to class, they just came around on campus.

Mr. **Phillips.** Would you tell us what drugs were available there?

LaVon. Reds, whites, a lot of LSD. There was a lot of LSD at that school. Cocaine. And that was about it. There was a variety of almost everything.

Mr. **Phillips.** Could you buy it anywhere? Was it easily accessible?

LaVon. It was very easy to get, yes. You could walk into most anyone in the school and ask them for what you wanted and they had it or knew where to get it.

Mr. **Phillips.** Did you also go to Escondido?

LaVon. Yes.

Mr. **Phillips.** And where is that?

LaVon. That is at the north end of San Diego. It is like right at the end of C–95 or on your way to Riverside.

Mr. **Phillips.** What was the situation there?

LaVon. Well, that school had a very high status as far as, like socially. They had a good band and a lot of, you know, like cheer leaders and things walking around. But actually that school had a really heavy underground flow of heroin.

Mr. **Phillips.** Would you repeat that? I didn't hear it.

LaVon. It had a very heavy flow of, like heroin going throughout the school, throughout that whole town.

Mr. **Phillips.** Did you also attend the Oxnard High School?

LaVon. Yes.

Mr. **Phillips.** Where is that?

LaVon. That is in Ventura. Right by Ventura.

Mr. **Phillips.** Could you tell us what the situation was there?

LaVon. Oxnard High was kind of—a lot of country people went there, people who lived in the country. Oxnard isn't really a big town, but there was a lot of, like mescaline and LSD and marihuana because, since it was in the country, a lot of people grew their own. And a lot of hash.

Mr. Phillips. Could you tell us whether you got heavily involved with drugs?

LaVon. Yes, I did.

Mr. Phillips. Could you tell us what drug you got heavily involved with?

LaVon. Well, I got kind of heavy into, like, reds for awhile, when I first started taking drugs. I overdosed once when I was 13. After that, I quit taking reds and I started taking speed. And I just kind of quit taking that. I guess the most recent drug, like about 2 years ago I was involved with heroin for awhile.

Mr. Phillips. You are only 17 now?

LaVon. Yes.

Mr. Winn. LaVon, when you were going to these different schools, with the people that you were running around with, or the social group that you wanted to run around with, was there a high percentage of users?

LaVon. The only people I ever ran around with were drug users.

Mr. Winn. Practically all of them were users?

LaVon. All of them were.

Mr. Winn. Thank you.

Mr. Phillips. Could you tell us, Pam, how old you are?

Pam. I am 18.

Mr. Phillips. Did you attend school here in Los Angeles?

Pam. Dorsey.

Mr. Phillips. Can you tell us what the situation was at Dorsey High School in relation to drugs?

Pam. Well, when I was taking drugs, I didn't hardly ever go to school.

Mr. Phillips. When did you first get involved with drugs?

Pam. I started sniffing glue in the eighth grade.

Mr. Phillips. Did you do anything else but sniff glue?

Pam. Sniff paint. Reds, whites, yellows——

Mr. Phillips. Were you into that in junior high school?

Pam. We take reds like once every so often, but not that much.

Mr. Phillips. But it was very, very sporadic and occasional in junior high school; is that correct?

Pam. Yes.

Mr. Phillips. When you got into high school, did it become more regular?

Pam. Yes. It was like that much easier to get in high school and a lot more people were taking it then, too.

Mr. Phillips. A lot more people were taking drugs when you got to high school; is that correct?

Pam. Yes.

Mr. Phillips. Could you tell us whether or not you were dealing in high school?

Pam. Yes; I was.

Mr. Phillips. Could you tell us about that?

Pam. Well, like I wanted to get, like the drugs I get at school, they weren't that good and I had this connection outside of school, and like we would get, like pharmaceutical, right from the pharmacy, like Lilly, F-40's, Abbott's, and reds and yellows and Tuinal, and those were pure.

They weren't cut. So, like I started taking those, like my friends find out that I have those and they want it. So I get more for them, too.

Then, like pretty soon, like it was just getting it for everybody, practically.

Mr. **Phillips**. In other words, you had access to pharmaceutical barbiturates; is that correct?

Pam. Yes.

Mr. **Phillips**. And some of them were Abbott's, and F–40's?

Pam. Abbott's. I guess that's the company or something. That name was on the capsule and those are yellows. And Lilly's, F–40's, also reds. And then Tuinals.

Mr. **Phillips**. You got Tuinals and they really came right out of the pharmacy?

Pam. Yes.

Mr. **Phillips**. And some of the drugs that were being sold on the high school campus were just watered down; is that correct?

Pam. Well, like they would be all cut and I know one time you know, I was already high but I got taken in and it didn't do anything. It was just like, it was so cut, like you couldn't even get high on them.

Mr. **Phillips**. But the drugs that you obtained were strong drugs. That is, they came right from the manufacturer?

Pam. Yes.

Mr. **Phillips**. And some of them were Lilly's?

Pam. Yes.

Mr. **Phillips**. And some were Abbott's and they had the names right on the capsule; is that true?

Pam. Yes.

Mr. **Phillips**. And you would then sell them in bags, or how would you sell them in school?

Pam. Usually, the people didn't have enough money to buy bags. They just got rolls around, like that, like the area, like L.A., Dorsey, and Crenshaw. It is like three on a roll. But now they say it is like two in a roll for a dollar.

Mr. **Phillips**. So you sell them as a roll. How many would be in a roll?

Pam. Three.

Mr. **Phillips**. And how much would you charge for a roll?

Pam. A dollar.

Mr. **Phillips**. You were taking reds yourself; is that correct?

Pam. Yes.

Mr. **Phillips**. Could you tell us, did you ever overdose on reds?

Pam. Twice. Well, the first time it was on reds and yellows, and the second time it was on Tuinals.

Mr. **Phillips**. Tuinals are red in color?

Pam. Half red and half blue.

Mr. **Phillips**. Half red and half blue. What was the teacher reaction to your taking drugs in school?

Pam. Like, when I used to go to school, like usually I fall asleep, knocked out in class, or something, and they would let me stay a couple of periods. They wouldn't say anything. They knew I was high because sometimes they would say, "You are high," and I would go and split. But they wouldn't do anything.

Mr. Phillips. They wouldn't do anything?

Pam. No.

Mr. Phillips. Could you tell us about your ultimate involvement with the Asian Sisters?

Pam. After I OD'd the second time, I was at General Hospital and, like my friends would come and they would be high. They come to visit me and they would be high and some people ripped off syringes from the hospital, so I almost got busted for that. So I said, it wasn't really worth hanging around with those people and I didn't want to hang around with them no more. So I went to the drug program and—well, I already made up my mind before that, I didn't want to take no more drugs. But I knew if I went back on the streets, I would probably go back into that same bag. So I went to the Rancho just to get away from people.

But like when I got out, I still didn't care if I was alive or if I died or not. Then I got involved with the Asian Sisters and that is like a community self-help drug abuse thing, and like the good thing about that is, they are from the community where I lived and where I grew up and they grew up there and, like some of them were involved in drugs and got off.

So it was really easy to relate to them and it was easy for them to relate to me.

Mr. Phillips. So, in other words, these people were able to help you, when you got no help anywhere else; is that correct?

Pam. Yes.

Mr. Phillips. And as a result of that, you were able to get away from using drugs?

Pam. Yes.

Mr. Phillips. I have no more questions.

Mr. Anderson. Pam, in what grade did you first receive instructions on drug abuse?

Pam. I think maybe it was in the eighth grade. Well, then, it wasn't—it was like they tell us about marihuana and I got hooked in about the scare tactics, and it seemed like if you smoke it or do this and that. So you don't believe anything else they say. But it wasn't like they didn't have that much on barbiturates or nothing. It was like mostly on marihuana.

Mr. Anderson. So you did receive your first instructions, although you didn't feel it was very effective, in the eighth grade. Did you receive it later on, in junior high school or senior high school?

Pam. Yes. In high school, in the 10th grade, I had a health class.

Mr. Anderson. Thank you.

Chairman **Pepper.** Mr. Murphy?

Mr. Murphy. Any one of you young adults can answer this question, if you will. Had you received some drug education in grammar school would you have paid attention to it at that time?

Mark. I would not have.

Mr. Murphy. You would not have. Would any of you?

Ed. No.

LaVon. No.

Tony. No.

Pam. No.

Mr. **Murphy**. How about if you got into high school and a graduate of the program that you are now in came to that high school and rapped with you as a peer, somebody about your age or a year older? Would you pay attention then if they told you about the pitfalls that were ahead?

Mark. I think I would have listened because I would believe someone who is telling me from their own experience.

Mr. **Murphy**. But now, if you had an instructor, an older adult, come in and instruct you in the same pitfalls, would you believe him?

Mark. I think I would be skeptic.

Mr. **Murphy**. This is what we found around the country. I don't know the name of your program, but, for instance, there is the Seed program in Miami; and in Chicago it is Day Top Center; and in New York, Day Top Center. The young adults in high school, or just out of high school like yourselves, tell us that if somebody in their peer group would come in and tell about the life of degradation they experienced and the pitfalls ahead of them, and the crime involved and where it leads, they might listen; but they will not listen to any well-meaning doctor, Ph. D., or somebody else, coming in and trying to scare them into not taking the drugs.

Is that true in your experiences?

Mark. Yes.

Ed. Yes.

LaVon. Yes.

Tony. Yes.

Pam. Yes.

Mr. **Murphy**. Thank you very much.

That is all I have, Mr. Chairman.

Chairman **Pepper**. Mr. Wiggins?

Mr. **Wiggins**. I should like to ask a question of all of you and we will start with you, LaVon.

Given your collective experience of involvement with drugs in schools, and your present view that it is a bad scene and you are happier out of it—I take it that is true—what do you think ought to be done about the problem?

LaVon. Well, I just think there needs to be more programs where, like myself, I wouldn't listen to, like any probation officers or any authority of that type telling me anything about drugs is terrible. I wouldn't listen to them. And then, like, when I ended up in my CEDU Foundation, their whole approach was different, you know. I think there needs to be more programs like that. Kids just need to be dealt with as people, not as alienated, different types, you know.

It seems like society places kids that have problems with drugs, they place them in a different category, as if they are totally different than everyone else. Actually, they are no different than anyone, you know. They are people, too. They just have taken to drugs instead of dealing with whatever problems they have.

I think the way to deal with the problem is to, first of all, eliminate the drugs. Don't take them. Get a program going where there is no drugs within the program, and then go from there and find out, you know, what was the problem, what was happening at the time the person began taking drugs, and then dealing with those problems, getting feelings out, you know.

It is not all fun, but the more you get feelings out, even if they hurt, the more you can deal with them and the more you can make yourself feel good. And once a person can learn to make themselves feel good about themselves without drugs, then they are on the road. You know, they practically have it made.

Mr. WIGGINS. The next young man.

ED. Yes: I think there should be more programs set up where there are rap sessions so they can talk about their problems and their feelings to somebody without authority, somebody that has experienced drugs themselves, and go through all of the things that people go through on drugs.

Mr. WIGGINS. Should it be conducted in the school?

ED. I don't think it should because I know I wouldn't listen to it.

Mr. WIGGINS. Even though it may not be conducted by school personnel, you don't think it should be on the campus?

ED. No: I don't. My own opinion, I don't. And I think they just should talk to kids, talk to them on their own level, like LaVon said, treat them as people because they are, and just see what happens. Because I think it would work. It has worked for me. It worked for a lot of people.

Mr. WIGGINS. Mark?

MARK. I really don't see how they could deal with it on the campus, because I know personally, when pressure was on and people were, when they said, "OK, we are going to bust you or try and change your drug habit," I just wouldn't go to school. I know a lot of other people who did. So if they let us get by with it in school, we would go and hang around and if we couldn't get by it, we wouldn't even go.

If they tried to change it, we wouldn't go.

Mr. WIGGINS. Do you have any suggestions as to what a school administrator or the school administration might do if they were willing and able to do so? I get the impression there isn't much you would recommend they do even if they wanted to.

MARK. I think a lot can be done about kids that have drug problems. It is hard for me to see they can do anything in a public school system.

Mr. WIGGINS. You don't recommend, then, drug education classes conducted by school personnel as a part of a continuing program?

MARK. I don't think the students would listen.

Mr. WIGGINS. Tony?

TONY. I feel they should have more programs, such as the Tarzana family program that is really effective. I think, like people should, principals should come down and look at it and see how they help young people get over the drug problem. Like there is a place where you learn your self-worth, you do it yourself, you learn self-discipline, and you learn how to handle your problems, your emotional problems, and help solve them.

I mean, like it is really effective and I really don't think, like the school can do it under the circumstances.

Mr. WIGGINS. In your experience, Tony, should more or less be done by law enforcement officials with respect to controlling the areas adjacent to campus or on the campus to apprehend or deter potential drug dealers?

Tony. Well, like the law, I think there should be more law around the school, but not—I mean, not going in school, you know, getting people up-tight, because that gets young people up-tight, by being there you are causing too much commotion. Like the counselor there, like dealers and things, get them out, you know. And like that would be probably effective and that is one way you could start.

Mr. Wiggins. Are you back as a full-time student now?

Tony. I am registered in college now.

Mr. Wiggins. Mark, are you going to school at the present time?

Mark. I am not going to public school.

Chairman Pepper. What school are you going to?

Mark. I am presently residing at the CEDU Foundation, taking classes.

Mr. Wiggins. Any one of you going to a public school at the present time?

Mark. No.

Ed. No.

LaVon. No.

Tony. No.

Pam. No.

Mr. Wiggins. Let me ask this question: I don't believe that 75 percent of the kids of any school can be involved in drug use and drug culture without 100 percent knowing about it and without 100 percent being able to identify the seller. Given your present frame of mind, would you report a seller known to you on a school campus?

Mark. No.

Ed. No.

Tony. No.

LaVon. No.

Pam. No.

Mr. Wiggins. Why not?

Ed. Because at the time I was taking drugs myself, and because of fear.

Mr. Wiggins. What is your belief as to the reason why the 25 percent who were not involved in drugs did not blow the whistle on the sellers?

Ed. I guess they were afraid—well, there was, like school narcotics, and they would get shot if they turned anybody in.

Mr. Wiggins. Was that the experience of you, Tony?

Tony. Well, the law was—my peers would see the law as, rather not to report them to the cops. They would rather report it to the counselor or something. Someone that would understand, you know, not directly to the law, because of fear.

Mr. Wiggins. Pam, I would like to have your observation on the kind of program that ought to be conducted if we want to do something about the condition you observed in the schools you attended.

Pam. At school, like what program?

Mr. Wiggins. Any kind. On or off campus.

Pam. A lot of the things they teach in schools in really irrelevant.

It doesn't teach you how to deal with things, like outside, how to get along with people, or how to deal with your problems. I don't know, school is just irrelevant. Like a lot of the programs, like the STAY programs, drug abuse programs, I think they haven't been effective. Like the most effective programs that come out of the community are the people that have been on drugs that are trying to help other people.

They are a lot better than someone that came from Beverly Hills and tells me what my problem is.

Mr. Wiggins. Pam, how do you account for the fact that apparently no one reported your illegal activities when you were dealing on the campus and around it?

Pam. Its seems like everyone minds their own business. They don't go in to other people's business.

Mr. Phillips. Would it be fair to say that young people on the campus who were buying and selling drugs and the general student body don't really regard the person who is selling drugs as being bad? Is that the attitude?

LaVon. Yes.

Mr. Phillips. Could you explain that, LaVon?

LaVon. The way I see it, a lot of kids today, like at school, you know, the dealers, they are kind of looked up to. I don't know. It is like heroes. I don't know what it is, but it is like most of the dealers are the ones that walk around——

Mr. Phillips. They are the cool people?

LaVon. Yes. Really great. And the kids will look at them, especially like dealing seniors. The freshmen look at that guy and say, "Wow, who's that?" And they say, "Wow, he's real cool; I guess he is selling drugs." I guess it's the thing to do.

People, for some weird reason, look up to dealers. I really believe that.

Mr. Phillips. What do you say about that, Ed? Is that true?

Ed. I think it is true, too, and also because the dealer has a lot of power. The students feel he has a lot of power.

Mr. Wiggins. Describe the power.

Ed. Well, guns, things like that. It goes back to the fear.

Mr. Wiggins. That is all the questions I have.

Chairman Pepper. Mr. Winn?

Mr. Winn. Thank you, Mr. Chairman.

Are all of you in this CEDU program at the present time? All of you?

Mr. Phillips. Three of them.

Mr. Winn. Three on this end in the CEDU program. Are you, Tony, then, in a rehabilitation program at the present time?

Tony. Yes.

Mr. Winn. Pam, you are not in a rehabilitation program?

Pam. No.

Mr. Winn. Are you no longer using drugs?

Pam. I am not.

Mr. Winn. How did you make the decision to get off the drugs? How did you stop?

Pam. I thought I explained it already.

Mr. **Winn.** I can't hear you. Would you rather not answer that question?

Pam. I thought I already did.

Mr. **Phillips.** I think the young lady said previously that she had overdosed twice, and as a result of that, she kind of decided on her own to try and get away from drugs, and she received some assistance in that from a group of people called the Asian Sisters, a Japanese-American group here in Los Angeles.

Mr. **Winn.** From your experience, then, we have a problem, society has a problem, because possibly many of these young people have to go to overdosages, one, two, no matter how many times, to get off of it. Some of them don't get off. They get off the wrong way, of course.

What would be your suggestion, Pam, of what society in general can do, what we as lawmakers can do, to try to help the young people, or educate them, if drug education is not working? Possibly we are not starting it early enough; possibly we should start before they have their minds made up.

I believe it was Mark who said he wouldn't pay any attention to a drug education program anyway, and this is what we have heard in other parts of the country. Most of the young people say, or feel, they know a lot more about drugs than those who are trying to give them a drug education program. Would that be a true statement?

You started very early on drugs; I am sure you did know probably more than those people that would be giving you the instruction. So I guess that is why you didn't pay any attention to them, or said you wouldn't.

Mark. The people that give you instructions, really, all they tell you is they say it is going to be bad for your body, and, you know, your system is going to get all messed up. You really can't foresee, or I couldn't really foresee, that my whole life was just going to get messed up, that my behavior, everything I did, was going to go out of order. They don't really give you any examples or situations.

They don't tell you anything about it. They just say, you know, it is bad for you, and they tell you why physically.

Mr. **Winn.** Do you think the psychological effect of an adult saying, "Don't—don't do this; don't do that" makes the young people rebel in any way? Do any of you feel you rebelled? Would that be any part of your drug problem?

Mark. I think I did. Because I was told a lot not to do it, and it just made me want to do it more.

Mr. **Winn.** Have any of you experienced the program, or are you aware of the program, where prisoners that have been convicted of crimes and were on drugs and are now in prison, they come talk to young people. LaVon is nodding her head. Have you been exposed to that program, and do you think it was successful or did you believe what they were saying?

LaVon. Yes. There was a group of people one time when I was in Sandy Hall that came from one of the prisons, and they were ex-cons and ex-addicts, and they came and talked. They were really effective.

Mr. **Winn.** They were proof positive of the trouble that might befall users; right?

LaVon. Yes.

Mr. **Winn.** Did they rap well with the students and with those of you who were on drugs? They knew what they were talking about?

LaVon. Yes. They related really good with all of the kids. There is a school in the Escondido area, continuation school, like right by there was San Jose Honor Camp, and there is like a program up there where those people come down the school and talk, you know. And, like, actually, what they are doing. They are doing time, but they are kind of like, I guess, on a trust. They have been in for a while and come down and talk to the kids.

They did that twice a week at the school I went to, and they were really good.

Mr. **Winn.** We had one student insinuate that they didn't really believe that these prisoners or some of these prisoners were really trying to help young people, but the only reason they were doing this was to get out of prison a couple of times a week, to get out in society and come talk to the young people and go to the schools. A change of life for themselves. I suppose there might be some prisoners that were doing that. But you were impressed with it?

LaVon. Yes.

Mr. **Winn.** You thought they were very effective?

LaVon. Yes. I was impressed with what they were trying to do, yes.

Mr. **Winn.** Were you still on drugs at the time?

LaVon. Yes, I was still on the drugs; even though I was impressed.

Mr. **Winn.** In other words, you were impressed but not enough to get off the drugs?

LaVon. Not to get off. It was just a pattern of my life. I could see what they were saying was true, and I would say, "That's great for everyone else but not for me."

Mr. **Winn.** I am sure all of the young people think—and they do in these cases, have these deep problems above them, and still these prisoners probably have got a great many more problems and have had in the past than the ones the young people have.

Mr. **Wiggins.** I would like your comment concerning the effectiveness of sport figures commenting on the danger in using drugs. We see that quite a bit now on television, and I would like your observations as to the effectiveness of that program.

Are you mindful of what I am talking about? It is pretty tough nowadays to watch a football game without seeing the star reminding the young people in the audience they shouldn't turn on to drugs.

Starting with Mark, I would like your comment on the effectiveness of such advertising.

Mark. I really haven't seen any advertising as such. When I was using drugs, I didn't watch TV. I know I spent most of the time listening to records or out trying to get dope or something, but I never saw commercials like that. I never watched the television. As far as advertisement in papers and magazines and television, I just wasn't in touch with that.

Mr. **Wiggins.** Tony, what is your observation?

Tony. I see them once in awhile. I take into consideration that, you know, they have problems and hangups like every one else, you know.

They could go to it just as quickly as a young person could or anybody else. That is how I see it.

Mr. WINN. Along that same line, do I gather then, at least from the group we have here, that you are not great sports fans and you might not look up to the star quarterback or the star end or whoever might be giving the so-called commercial on the TV? Because they are usually about three a game on Sunday and Monday night. Do you look up to athletes?

LaVon, you said people looked up to the pushers as the cool cats. Are they the new hero? Do they get the good clothes, the beautiful girls and all of that, more so than the athlete or the head cheerleader?

LAVON. I don't know because I still think that the football players are looked up to.

Mr. WINN. But there is an intrigue and they look up to the pusher and the seller because there is some type of intrigue that he has become tremendously successful in the drug-pushing business.

LAVON. Yes.

Mr. WINN. It is a different type of admiration than they have for the football hero?

LAVON. Yes, a lot different.

Mr. WINN. What percentage would you guess there is between boys and girls that are on drugs? Are there more boys using drugs than girls?

LAVON. I don't think so. I think it is about the same. I don't know. I think it is just as many girls take drugs as guys, you know. I can't really think of any percentage of one taking more than the other.

Mr. WINN. Let's reverse this questioning we did a little bit ago. If you had a chance, and coming out of the CEDU program and got a chance to go to high school and the school administration would allow two or three of you from the CEDU program to come in and rap with them in the auditorium or the gym in some informal setting, do you think that is a possibility?

I know it would be too big and it probably wouldn't be the normal type of rap session that you need to find yourself or help solve your problems, but would that be a starter course?

We are just thrashing around, looking for something constructive, because we are pretty convinced drug education programs themselves are not working. Do you think that is a possibility? Would it work? Would you do it?

LAVON. Yes; I would do it.

Mr. WINN. Would you like to do it? Do you think you could be helpful to get somebody else off from drugs or stop them from going too far?

LAVON. I would like to try.

Mr. WINN. Ed, what about you?

ED. I would sure like to try.

Mr. WINN. Because you can talk their language?

ED. Yes. It sounds pretty good.

Mr. WINN. Mark?

MARK. I think it is possible. I think it would be a good thing.

Mr. WINN. Tony?

Tony. I am sure it would work.

Mr. Winn. You think it would work. Would you think smaller groups? What would you say, five or six people, or groups of 20? The smaller the group, probably the better?

Tony. Right. Probably get through more to a smaller group.

Mr. Winn. Do you think it would be better, too, the fact you have been on drugs and you are now off, gives you the "in" with them where you would be acceptable to them, or do you think we should do it by social levels, by ethnic groups, by what?

Pam mentioned that she went back to a group of Asian people. Would that make any difference? Would it be more successful if you went to a certain group?

Tony. In some cases, it would probably be an ethnic group, you know. Possibly, you know, to get through. But to gain insight, you wouldn't need that.

Mr. Winn. Anybody else got any other suggestions of what we might do, what we as a committee, but particularly what society itself might do, other than additional types of programs like CEDU?

Tony. Just think, support the programs and really look into them and then spread them out, you know. Support them in any way you could.

Mr. Winn. I don't know that much about the CEDU program and I should have gotten the background on it but is part of a program like there is in some of the other ones where they urge you, after you found yourself and you have gotten off drugs for a period of time, you go back to school to finish whatever schooling you didn't complete?

Ed. Yes. They encourage you, they tell you if you are mentally able, if you can handle your own problems by yourself, they encourage you to go back and out into the community.

Mr. Winn. Ed, is there a desire; do you all desire to get additional education? Do you feel like you have missed out on it somewhere along the line?

Ed. I didn't learn anything that I didn't already know in school.

Mr. Winn. LaVon, how far in school did you get?

LaVon. I graduated.

Mr. Winn. From high school?

LaVon. Yes.

Mr. Winn. Have you had any college?

LaVon. I think I am going to go to college some day but I have to get myself together before I can take on college, you know.

Mr. Winn. Yes; I realize that. You said you have got to be of a frame of mind where you want to do it yourself or you would stumble along the way, I would imagine.

That is all the questions I have.

Chairman **Pepper.** Just two or three observations. The questions that have been asked recently go to the very heart of the problem with which we are concerned. According to the statistics that were given by Dr. Noguchi earlier, a majority of the overdose cases and a majority of the deaths from the use of the drugs are to be found in the teenage group. I presume in the group that is in the schools of the country, in the secondary and in the primary, elementary schools of the country.

Now, then, you testified here today that you found 50 to 75 percent of the students in the schools were using drugs. I would assume that the use of drugs in the school not only endangers the lives of a good many of those students who are using drugs, but very seriously interferes with the educational progress of the others. You told about students coming into class stoned, or sleepy, or drugged. They were certainly not mentally alert in the way they would do the best work as students, were they? Do you say that drug use by students in the schools interferes with or impairs the educational progress?

TONY. I would say it does.

Chairman PEPPER. And the volume of it, the volume of students that are engaged would therefore create a very serious impairment in the whole educational program of the school, would it not? It would seem the drug problem is one of the serious problems in respect to the educational programs being administered in the schools. Would you agree to that?

TONY. Yes.

Chairman PEPPER. So it is therefore a matter of very grave public concern to the educational system and to our society.

Now, then, in respect to where the various programs are found to be most effective should be carried on, some of you first said in response to a question by Mr. Wiggins, that you didn't think—although Tony spoke to the contrary—you didn't think any kind of an effective program could be carried on in the school, and yet later, in response to Mr. Winn's question, you indicated if it was the right kind of program, maybe it could be carried on in the schools.

So you see, from an administrative and financial point of view, if 50 or 75 percent of the students are involved, you are going to have to set up another treatment program for half of the school outside of the school. That imposes a considerable burden upon those who finance the institution, doesn't it? It would seem to be desirable, since that is where the action is, as it were, in the schools, it would seem to me to be desirable to see if something couldn't be done in the schools themselves, if the school authorities had the necessary money to put on such a program and if the right kind of program were put on.

Mr. Murphy made reference to a program with which we in the Miami area are very much informed and for which I have a very high regard—Seed, Inc.

By the way, Mr. Murphy, recently an extension of the Seed program has been established in Dade County by popular demand, so that it is now in Broward County and in Dade County.

It is what you refer to as a peer therapy program, where the students talk with one another under wise leadership. And as LaVon said, they come to want to better theirselves. They don't use drugs in the program.

But this committee, those of us who were there, went to this program, and we heard the students testifying, like you have been doing here today, and their password is, "I love you, I love you, I love you." Everybody says to one another, "I love you."

It seems to get results.

So if the schools could find the right kind of a program, the right people to run the programs, to stimulate in the students a desire to get off drugs, and live the happier life of being off drugs and find stimulation as LaVon said, to feel good, not having to take drugs, but from spiritual and intellectual stimuli that you receive. So you would not rule out, would you, all of you, you would not rule out the possibility of something being done to prevent the use of drugs and to stop the use of drugs in schools, if the right kind of programs were put on in the schools? You would not rule it out?

MARK. No.

ED. No.

LAVON. No.

TONY. No.

PAM. No.

Mr. WINN. Mr. Chairman, may I ask one more question?

Chairman PEPPER. Certainly.

Mr. WINN. I believe it was Mark who made a statement that I think we ought to clarify. He said there was no use going to the teachers because they were smoking pot. You weren't saying that all of them were, by any means, were you?

MARK. No.

Mr. WINN. Mark, do you know this to be factual? Did you smoke pot with them? Or is this hearsay? Because this is a pretty broad assessment of educators. We have had other testimony in other cities that some teachers were either pushing or smoking pot. But did you actually participate, smoke pot with them, or take drugs with any teachers? Or was it just hearsay?

MARK. No. I didn't believe it myself and I talked to people that told it to me and I seen them sell drugs to the teachers, marihuana, to several of them in that school.

For the most part, though, it was mostly rumors.

Mr. WINN. But it would be a rumor that could affect the credibility of a teacher because they are a teacher, saying, don't use drugs; when the rumors are going around that a lot of the teachers are smoking pot, it would undo whatever the good ones are trying to do.

MARK. Yes.

Mr. WINN. We have no doubt teachers are pushing, are using drugs, or smoking pot. But I just didn't want to have it come out and make it sound like practically all of them are because I don't believe that is the case.

MARK. No.

Mr. WINN. Thank you.

Chairman PEPPER. LaVon, Ed, Mark, Tony, and Pam, we thank you all very much for coming today and helping us with our inquiry. Thank you very much.

The committee will now take a recess until 2 o'clock.

(Whereupon, at 1:05 p.m., the committee recessed, to reconvene at 2 p.m., this same day.)

Afternoon Session

Chairman **Pepper**. The committee will come to order, please.

Counsel, will you call the first witness.

Mr. **Phillips**. Mr. Chairman, the first group of witnesses scheduled for this afternoon are three athletes who played on various teams of baseball. They are Jim Lefebvre, Pete Richert, and Al Downing.

Chairman **Pepper**. Mr. Counsel, I would like to say that some of us have just had the pleasure of having lunch with these three fine gentlemen and they really are the kind of gentlemen that the youth of this country can well emulate. They are doing a marvelous job with the youth and we are grateful to you gentlemen for being here with us today.

Mr. **Phillips**. I believe Mr. Lefebvre has received the Brian Piccolo Award from Sports Illustrated for the work he has done.

Mr. Lefebvre, perhaps you might just tell us about the Athletes for Youth program; how it started and what you expect it to do.

STATEMENTS OF JIM LEFEBVRE, PETE RICHERT, AND AL DOWNING, MEMBERS, ATHLETES FOR YOUTH, LOS ANGELES, CALIF.; ACCOMPANIED BY SHARON RICHARDSON, SECRETARY

Mr. **Lefebvre**. Mr. Phillips, how I got motivated, you might say, in this kind of program, was I got sick and tired of reading all of the newspaper articles and magazines and books that had been written about professional athletes using drugs. And being a professional athlete, being a guy who has been involved 11 years with a great organization such as the Dodgers, knowing that there have been few players who have used drugs, the majority of the guys don't use drugs, I felt it was only right we go out and defend the great profession, the great uniform I wear.

I got in touch with a disc jockey by the name of Dave Hull and my teammate Wes Parker and we decided to go out and tell our side of the story. If they can write books and articles and do that type of thing, we can do the same thing by going out to schools and telling our side of the story.

We felt the only way we could really represent drug abuse prevention and talk about it was to go to school. So we went to the University of Southern California School of Pharmacy, UCLA Medical School, the Los Angeles Police Department, organizations such as Synanon, and talked to drug addicts, ex-addicts, as many people as we could, so when we go out and talk we would have some general knowledge of what it is all about.

The program is primarily based on prevention rather than rehabilitation. We realize and understand there are a tremendous amount of problems involving rehabilitation of an ex-user, or user, so much involved in it, and we believe that should be left to them. We try to go out to the young student who has never taken drugs. We have to go out to the student maybe on the sense he doesn't know which way to go.

We try to talk to them and let them know that not taking drugs is the thing to do. There is somebody who cares, and we try to give them as much support as we possibly can.

We just try to give a lot of promotional talk, talk about our lives, what they want to do, things like that. That is primarily what our program is about.

Mr. **Phillips**. Could you tell us what the reaction is of the young students when you talk to them?

One of my colleagues was with you when you gave a recent lecture at one of the junior high schools here in Los Angeles. His report of that particular episode was that you left the students spellbound. They sat there, starry-eyed and tremendously impressed. Could you tell us what the reaction is? Do you get questions from these youngsters? Do you think you are helping them in any way?

Mr. **Lefebvre**. We do. If we didn't think we were helping them, we wouldn't be there.

First of all, we don't preach. We just say, "Listen, this is the way it is." We tell about our lives and what it took. People come to me and say, "Jim, you are lucky to be a major league ballplayer." But they don't realize the price I paid to get there. The hard work, the sacrifice, the hours of dedication and work and frustrations, not knowing where I am going to wind up, going 0 for 4, 0 for 10, stuff like this. It is also true in other professions, such as lawyers or doctors. You have to pay the price.

What we try to tell them is that is what life is all about and that everybody thinks everything is going to happen today, there is a pill to take for this. There is a solution that is simple. It is not that simple. There is a price to be paid.

We go out there and, like I say, tell it as it is, tell them what life is all about, hopefully with our lives, because we have been involved in competition. We really look at life as competition. We don't have any miracles. We just kind of have the feeling of the audience and what they want.

We don't say, "This is a red." They know what marihuana is all about.

Mr. **Phillips**. You feel the children you are talking to really know the drug field.

Mr. **Lefebvre**. Oh, yes; you had better believe it. Like we were talking today at lunch: We had a young girl at the age of 13 was already chipping heroin, started when she was 11. This is not uncommon to a lot of kids involved in drugs.

Mr. **Phillips**. You have taken your program to the Los Angeles area. You have done work practically all over the country; is that right?

Mr. **Lefebvre**. That is right. When we go out and speak, we don't go to an area and say, "We are here to tell you a story about drugs." We ask the students to ask their program chairman, if you want us, we will come out and talk to you. We have spoken in Florida, Illinois, New York, all over. Up and down the State of California. This year we are going back to Illinois.

Mr. **Richert**. We leave Sunday for Charlotte, N.C. We have a split week, first 3 days in Panama City, Fla., and the last in New Orleans. We go to the State of Iowa on the 1st of February for about a week.

Mr. **Phillips**. Perhaps you might want to comment about what you feel. I think you also had some experience in Baltimore, before coming with Athletes for Youth.

Mr. **Richert**. I got involved in drug abuse in Baltimore. He asked me if I would go over to the Johns Hopkins Drug Abuse Clinic and work in there. My knowledge came basically through the fact that in the program we had a methadone clinic and detoxification clinic in a therapeutic community, and I just said to them, "Look, I need knowledge. You guys know about it." A couple were ex-eddicts and we sat down for about a week and they sort of poured out all of the knowledge they had in themselves to me and from that point. I went into sixth grade classes all throughout the ghetto of Baltimore and talked there.

Mr. **Phillips**. What was your reception there?

Mr. **Richert**. We found it very good. In fact, the board of education there asked me if I would get two or three more athletes for what would have been this winter and do a more extensive program but, of course, I was traded and because of family necessities, I moved here to Los Angeles. And knowing Jimmy for years, we played together in the minor leagues, Jimmy asked me if I would join in with Athletes for Youth. And, of course, with no hesitation, I went on into it.

We feel if we can present a program to kids that can give them something, a base idea and base ideas of drugs and their good/bad side—we try not to lie, we try to get as much information as we can and one of the things we explain is if we sit here and tell you getting high isn't a good feeling, we are lying to you because if it wasn't, there wouldn't be roughly 6 million alcoholics in the country.

We go about an attitude of this: We do an inspirational motivation and just try and keep the kids motivated to the idea that drugs are not where it's at. They say it's where it's at, but really where it's at is where you are right now. We try and continue that way. The response, I believe, has been excellent.

Mr. **Winn**. Pete, how do you cope with the question that I am sure you get, when they say, "How do you guys know about this? What makes you experts? You are not users. You haven't been through this at all."

How do you cope with that question.

Mr. **Richert**. I would say, first of all, in coping with that question, we explain to them we have been to places like Synanon. We have been to Meth Rehabilitation Center, called Via Avanta in Santa Monica. We have all gone to USC and UCLA School of Medicine. I got some base knowledge out of Baltimore, and Jimmy, I believe, makes the greatest answer I have seen for the one big question that you get, which is "Look, how can you say drugs are bad if you've never tried them?" And, Jimmy, you make the answer.

Mr. **Lefebvre**. Well, I just tell them, I don't have to go to the bottom of the ocean to prove it is deep, because it is. There have been people who have done that and they have proven it to me. I don't have to jump off this building to prove to anybody else that when I hit the ground that I am a dead man, because people have proven it to me, also. And I don't have to take drugs to prove to anybody that they are bad because I have seen and been in the morgues of New York, I have been to mental institutions and saw people whose lives have been completely destroyed through drugs. So anytime I think a person who pushes a kid and uses that kind of question to get them involved in drugs, I think it is a very cheap question.

Mr. WINN. We heard the young people say this morning they had more faith in the people that had been through it. And I am sure in your cases, where you have not been on drugs, that this question would come up; trying, I suppose, to shoot down your credibility before you even get off the ground with your program.

Mr. RICHERT. That is right. Well, Mr. Winn, see, again, our whole program is prevention, not rehabilitation. You can go to a guy who is using drugs and he will come up with that question and stick you to it and fight you. But the young student who has never taken drugs, the answer that we give is a good answer, I feel. Because you don't have to do those things to prove they are bad for you.

Mr. WINN. I think it is a good answer, too. I agree.

Mr. PHILLIPS. Mr. Downing, I would like you to comment generally on how you got into the program and how you see its effectiveness.

Mr. DOWNING. I was contacted by Jimmy and Pete this past summer and they asked me If I was going to stay in Los Angeles during the winter, and if I was would I be interested in working along with them in their drug program. I said, "Well, if I will be here, I will be glad to go along with you." And when I decided to come back here and stay here, I decided to go out a couple of times and see how it worked and whether I would enjoy it.

After a couple of sessions, I saw the effect it had on the youngsters and I saw the fact it could be something very positive, really have some effect on the youngster, and I decided to get involved. I had done a lot of public speaking in New York while I played for the Yankees.

I had seen over the years how going out day after day, all winter long and speaking to the youngsters, the impact I would have on them and how much they really looked up to me.

I was speaking primarily of education because that was the big thing. But gradually drugs started creeping into our school system and became more of a problem than a lot of people wanted to recognize. I was only happy to try to go out and do something and talk to these youngsters and help them more along that line, if I possibly could.

Mainly, my talk is on motivation and how I got to the big leagues, what I had to go through as a child, some of the sacrifices I had to make to get to the big leagues, the fact I always had a clear mind and knew where I wanted to be and knew how I wanted to get there, and didn't rely on anything to try to help me along to get there. It was strictly my mind and motivation telling me at a certain age I want to be in a certain place, I want to be a major league baseball player, and I knew what I had to do to get there and there were sacrifices to be made.

Another thing I feel also is that a lot of youngsters that are starting to get involved in drugs at school at an early age are probably very weak youngsters and they are probably pushed on by the stronger kids and kind of submit to peer pressure. I try to impress upon these kids that you don't have to be a big man to start taking drugs. If they want to call you a coward, you be called a coward. The thing is, you have to know what you want to do in life and you set a goal for yourself and you want to get there on your own and not with the aid of some pill or whatever it might be.

Mr. PHILLIPS. What do you find that children say to you or ask you about when you do talk in these schools, Mr. Downing?

Mr. DOWNING. Primarily, a lot of them want to know the effects that certain barbiturates or amphetamines might have on them, because most of the schools we talk in are junior high schools or elementary schools and that is the level of drug abuse right now, primarily with the pills. So they want to know the effect these things are going to have on them. So, naturally, you get the stock question, "How do you know they are bad for you?"

But, then, again, I grew up where there were addicts. I tell them that this is not a new problem. This is a problem that has been in our society for years. There are 50-year-old addicts. They are not all 12 and 13. And we try to give them the best possible answers we possibly can.

Mr. PHILLIPS. I have no other questions at this time, Mr. Chairman.

Chairman PEPPER. Mr. Waldie?

Mr. WALDIE. No questions.

Chairman PEPPER. Mr. Wiggins?

Mr. WIGGINS. No questions.

Chairman PEPPER. Mr. Murphy?

Mr. MURPHY. Thank you, Mr. Chairman.

There is one question I would like to ask: How are the finances of this program? If someone is interested in having you come to their State to speak in some of their junior high schools, how would he go about it?

Mr. LEFEBVRE. The way we have been working in the past, we financed ourselves. We ask the schools if they would make a donation, it would make us available so we have the opportunity to go to some other school. The reason being is that we felt accepting money from some industry or some people, it took away the most important thing, the individuals themselves involved. You don't want to have a so-called establishment sponsor, you or this and that.

So we have been sponsoring our own bills and paying our own bills as we have been going along. That is how we have been financed.

Mr. MURPHY. For the record, Mr. Chairman, I commend the young gentlemen. I think they are doing a great service. I think if they could get this program started in every major city of this country, it would be a big step in the right direction.

Thank you.

Chairman PEPPER. Mr. Winn.

Mr. WINN. Thank you, Mr. Chairman.

I want to commend you gentlemen, too, for the job you are doing. I think the fact that one of the young ladies, I believe it was this morning, one of the students we had here said that the young people still looked up to the athletes in their schools. But certainly in your case, as well-known professional athletes, I think this is probably one of the reasons you had the success that you had in the short period of time that you have to offer because of your training schedules and playing schedules.

But at the same time, the fact that you are being accepted, and at lunch today Pete was telling us about the fact that you leave time for a question-and-answer period and that usually goes way over the allowed time because the students continue to ask questions. I was most impressed when he told me they asked questions, but they don't ask about baseball. In other words, you got them on the subject that you came there to talk about, and that is drug prevention, as you word it.

How can we enlarge this program? Do you think the fact that there would be other—I am sure you have talked to other athletes, not only baseball, but football players in their off schedules. Do you think we could start this thing on a national basis and get a lot more athletes going?

Mr. RICHERT. Right now I know of at least 15 or 20 major league baseball players who are involved in programs throughout the country. If we could put them all under one roof, more or less, where we could say, all right, we are going to say Athletes for Youth run this program. What we would need is the ability to bring all of these people to Los Angeles for at least a week's training at UCLA and USC, and take them out with us in the field, actually I believe in schools, watch the way we work the program, and then let them go back into their home States and their cities and let all of the bookings come through Athletes for Youth in California, where we could send them out in the areas.

This would only be in baseball. Of course, once you get involved in baseball and get the athletes there, I am sure you would get a numerous amount of football players that could pick up, say, the February, March, April, May period that we leave empty because of our schedule.

Mr. WINN. That's what I was thinking about, so you would have this thing going year-round.

Mr. RICHERT. It would be easy to do. I think there are enough athletes who would be willing to involve themselves in drug abuse prevention and work at it.

Mr. WINN. Jimmy, I think you had some thought.

Mr. LEFEBVRE. Yes. When I started this program 2 years ago that was my primary goal, to have this in every National League city. I know some of the athletes, some in Philadelphia, and Johnny Bench in Cincinnati, who are very interested have started little programs of their own. And, like I said, Pete hit it on the head. I think we should bring everybody together and get on the same wavelength.

Another thing that is very important in our program is we are called Athletes for Youth, so that is not baseball for youth, or football for youth, or basketball for youth. It is Athletes for Youth. So we want more athletes involved. When we start playing the season, there is no reason why a basketball player can't pick up where we left off or a football player can't pick up where we left off.

Another thing is we have an Athletes for Youth fan club, which I feel is a very important thing because when we go to a town like Danville, Ill., we don't want to go there and say a lot of nice things and walk away. We should stay there somehow, so we leave it to the incentive of the kids in the school there to start a fan club. And to this fan club we send out literature and information about our lives, about the players' lives, and then about drug abuse, new stuff that comes off and all of the new findings and things.

So they get interested in not only drug abuse and not only athletes, but a combination of both. And this thing is really exciting as far as we are concerned. It is starting to grow. And I think we go in there and preach the word and now it is up to them to carry the ball from there and we will do everything we can to support it.

Mr. WINN. I think this could be followed through by the players groups, players associations.

Mr. RICHERT. See, again, I think we have to go one on one, because I wouldn't like to go to the players association and say, "Hey, we need 12 guys for drug abuse." I would like to know the 12 guys that we are going to get and I would like to know they want to be involved. What I would rather do is say we have got an opportunity to make a great drug abuse program. If you are interested, please when we come into town, into your town during the summer, let's get together and talk about it and get your ideas on what you want to do. I wouldn't want to leave it open to just anybody who wants to join.

Mr. WINN. Of course, you are going to run into the problem sometime and I am sure you have probably already done so in 3 years, where you have a fine group of men like yourselves going around and Athletes for Youth and then all of a sudden, somebody comes up and says, "How about old So-and-So, we just read about him being picked up for marihuana and he is a great athlete, too."

The trouble is, that is going to reflect and shoot down your credibility. And we do have some bad athletes, like we have bad kids, bad adults, and bad people in general.

Mr. LEFEBVRE. Mr. Winn, the first thing we will tell them when we go out and speak is that we would be lying to them if we never saw drugs abused in the clubhouse. Because I have. I have seen it. But at the same time, the great ones, and the guys involved, I would say 99 percent, safely say that 99 percent of all of the athletes I have ever been associated with have never been involved. It is like you say, one athlete can tear down a lot that we say, but also we come back and say the majority of the guys——

Mr. WINN. Of course, in a lot of those cases you can use the example of fine athletes who went down hill because they were on drugs and threw away a good livelihood and a good reputation at the same time.

Mr. LEFEBVRE. There was one ball player that was on top of the baseball world. Within 1 year he was out because somebody told him this was going to be a short-cut to success.

Mr. WINN. Isn't your program, part of it, as you say, your fan club routine following this through, the fact that you are in town and then you move on to another town, but isn't it a fact you have fan clubs and isn't it a fact, too, that you are giving them something else to think about? And one of the problems, as they all said here this morning and we hear it all over the country, is they don't have anything else to think about and they get all wrapped up in their own problems, which they sometimes blow clear out of proportion.

In this case, you are giving them a followup. They can be interested in either athletes, or you as athletes, or the fan club itself.

Mr. **Lefebvre.** Al Downing, myself, and Pete, to give an example: Our fan club came to us and said we have some hospitals to go to. We have some children that need gifts for Christmas, and things like this. They come to us and they had these things. They had their own little projects.

Mr. **Winn.** They have their own projects?

Mr. **Lefebvre.** Right. We want them to do this. We will do everything we possibly can to help them and support them 100 percent. It is their fan club. We are not dictating what is to be said or whatever, but we let them know we are going to work with them as much as we possibly can. But we encourage them to go out and do these types of things.

So far, one of the projects, like the one we worked in the hospital, was Rancho Los Amigos, where they had all of the children who were born with problems, and stuff like that. It was all the fan club.

Mr. **Downing.** Most of the kids in the fan club, incidentally, are highly motivated and they are fairly good students and they take the initiative to go out and set up programs like this. Our job is to just cooperate with them and see that we can give them as much assistance as we possibly can.

Chairman **Pepper.** Gentlemen, you said you bore your own expenses. Do the people pay your expenses who invite you to these various places?

Mr. **Richert.** Yes, sir. We are usually contacted by a group and what we normally say is we will need transportation to and from the city that we are going to, plus room and lodging. And also that we would accept contributions from the city itself of anything that they can give to Athletes for Youth at the end of the week's program or whatever the length of the program is.

In Danville, Ill., we are going to try something new this winter. We are going in for a week's program, but we are bringing along with us five other major ball players and Monday through Thursday night we are going to play charity basketball games under Athletes for Youth, and we are going to get a split of that money which is going to go to Athletes for Youth. This is one way we use to fund ourselves, actually.

Mr. **Waldie.** On Athletes for Youth, this is a very impressive brochure and I presume it indicates that there is an organizational effort behind the three of you that backed you up, a staff effort?

Mr. **Richert.** One secretary.

Mr. **Lefebvre.** She is sitting right out there. And I must say that she came to me and she called us when we first got started and she donated her time. Her name is Sharon Richardson.

Stand up, Sharon.

Mr. **Phillips.** Why don't you have her come forward.

Mr. **Lefebvre.** Sharon, why don't you come on up?

Because of this young lady, our organization is still in existence, because when we go to spring training and the season starts, it is difficult to carry on correspondence and follow up on the fan club and this young lady who came to me one day——

Chairman **Pepper.** You come up and take your seat, if you will, with these gentlemen.

Mr. **Lefebvre.** This is the kind of person that has made our organization successful. She is responsible for that. She is responsible for all of the correspondence and just keeping the organization. She coordinates all of the different schedules with the different towns we go to.

They say we would like you to come to our school. They call our office, Sharon Richardson, and she sets the whole schedule up for us.

Mr. **Waldie.** Could you tell me roughly how much time you three devote to this program? Is it generally a full-time effort for you after the season is over?

Mr. **Lefebvre.** I would say that we would devote 3 to 4 days a week in the schools themselves. And those are actually our easy schedules. Like the North Carolina trip that we are leaving for on Sunday. From Monday morning until Saturday evening, where we have a rally at the high school, we have something like 42 appearances at different places to speak at.

So once we travel, it is a whole week and it is tough. It is not easy.

Mr. **Waldie.** I think it is just an enormously impressive program. I surely join in the commendation. That is a great sacrifice and it would occur to me it must be constructive in terms of its impact. I guess that is difficult to measure, but I have heard of a few programs that would seem to have that impact if my own youngsters' reaction is duplicated throughout the country, and I suspect it is by young people.

Mr. **Richert.** Yes. I think one of the things people say to us, "Well, how do you know how good you are doing? How do you know if you have prevented anyone?" And this is something you can never know because after our talk, 6 months from now, some kid who has a chance to take some reds or whatever it is, and he doesn't take them, he isn't going to pick up the phone and call us and say, "I didn't do it because of you guys."

So there is no way of really measuring our value as far as kids who did and kids who didn't but we only measure it over the fact every year our appearances are getting larger and the fan clubs get larger and it looks like the people are behind us. It is mushrooming right now and could be, to us, the best program. We love it. We think it is the best program.

Mr. **Waldie.** I hope it does.

Mr. **Lefebvre.** Like I say, we don't have clients. We don't have patients who come in and we treat them. We just go out there and tell them as it is and we sit around for hours and talk to them. They call us. For all we know, we could probably speak from now until the end of next season. Mr. O'Malley wouldn't like that but we could. That is how many schools we have lined up.

Mr. **Waldie.** Just one more question.

Does there seem to be a difference between the requests for the middle-class income, middle income or upper income areas of the country and the ghetto areas in the country? Are you covering both about equally? Is the demand about equal or is the demand greater in one or the other?

Mr. RICHERT. I think the demand is from the area itself. Like Charlotte, now, we are going there through Reverend Nance of the First Presbyterian Church. He goes out and he books us and we are booked in all areas of that suburban city.

Mr. WALDIE. I see. It doesn't per se come from a school. It comes from an organizational individual who then schedules the area.

Mr. RICHERT. Some of it does come from an organization. I would say the appearance in Panama City and New Orleans is being worked out between myself and a member of the FBI who is interested and asked us to come down. I believe Jimmy knows him much better than I do because he was there last year. But these are people who are interested and they interest their communities in it and they invite us out and take care of the expenses involved.

Mr. WALDIE. That is great.

Chairman PEPPER. Miss Richardson. You are Sharon Richardson?

Miss RICHARDSON. Yes, sir.

Chairman PEPPER. We have heard of your performance on behalf of this fine group, commended here by the members. Do you have anything to say? Would you like to add anything?

Miss RICHARDSON. No; I don't think so.

Chairman PEPPER. Have you found this interesting work to be engaged in?

Miss RICHARDSON. Very interesting. You meet a lot of fascinating, interesting people and a lot of fantastic kids.

I might say, just to comment on something Pete said, you can't really tell, you know, how well we do, but I have listened to kids. When I go out to the schools with the fellows, I sort of get to stand in the background and hear the comments from many of the kids. Many of them are very, very impressed by the program. They seem to enjoy it.

That is how we get many of the kids who belong to the fan club. They contact us; we don't even attempt to contact them. We have no publicity whatsoever for the club or the organization, really. So it has basically been the young people who have, by word of mouth, contacted us. We do get some letters of appreciation from schools and teachers and students and so we do see some of that.

Chairman PEPPER. Well, it is an exciting experience to see all of you and hear you because it reaffirms one's faith that America is not just a group of people who are interested in making money or getting position or gaining power, that we still respond to spiritual needs, that we are still a nation that wants to help other people, we are concerned about other people.

You never know how many lives you may have saved, how many careers you may save by this preventive program. I certainly hope it will spread to many, many athletes who would be persuasive of the youth and that there will be a greater and greater national demand for you all going out among the young people.

I still think this is the finest generation of young people we have ever had, despite the fact that some have gotten off the track. But you can keep them on the track, keep them from getting off the track, and this committee wishes to commend you three gentlemen and your very lovely and very devoted secretary, very highly.

Thank you very much.

Call the next witness.

Mr. PHILLIPS. The next panel of witnesses is Juan Acevedo, Ralph Morales, and Danny Salas, all involved in a drug education program here in Los Angeles; and more particularly one facet of that program deals with drug education in the schools.

Chairman PEPPER. Gentlemen, we are very glad to have you with us.

STATEMENT OF JUAN ACEVEDO, DIRECTOR, NARCOTICS PREVENTION PROJECT, BOYLE HEIGHTS CENTER, LOS ANGELES, CALIF.; ACCOMPANIED BY: RALPH MORALES, DIRECTOR, SCHOOL PROGRAM; AND DANNY SALAS, DRUG COUNSELOR

Mr. PHILLIPS. Mr. Acevedo, could you tell us how your program came into being?

Mr. ACEVEDO. Well, we, the Narcotics Prevention Project, are primarily for the heroin addicts who are adults, but then we began to get requests from different schools, especially the Hollenbeck Junior High School, to provide an ex-addict staff for them. So we loaned them for a year one of our staff. Then we asked for funding under the NIMH for the school program and we got it.

Mr. PHILLIPS. Could you tell us what type of community you have your program located in?

Mr. ACEVEDO. The East Los Angeles area is a poverty area——

Mr. PHILLIPS. And its population, is it mainly Mexican American?

Mr. ACEVEDO. The population is 80 percent Mexican American.

Mr. PHILLIPS. And your program is predominantly geared to Mexican Americans?

Mr. ACEVEDO. Yes, primarily Mexican-American youth.

Mr. PHILLIPS. Is drug addiction and drug abuse a substantial problem in your community?

Mr. ACEVEDO. It certainly is. It has been a lot longer than it has in the other areas, the Anglo areas.

Mr. PHILLIPS. Would you tell us your views about that, the extent of the problem and its history, if you will, please.

Mr. ACEVEDO. Well, the reason we got funded in the first place was because OEO had a million dollars left over from one of their budgets in 1967, and according to the statistics of the State, the East Los Angeles area had the heaviest concentration of addicts in the State of California. So they put the money there.

Mr. PHILLIPS. Your area is called Boyle Heights; is that correct?

Mr. ACEVEDO. That is right.

Mr. PHILLIPS. Could you tell us how your program stands now? There are a number of facets to it; is that correct?

Mr. ACEVEDO. That is right.

Mr. PHILLIPS. Could you tell us about the various facets of your program?

Mr. ACEVEDO. We have five different programs. Our main program is under NIMH, which deals with a hospital, Metropolitan State Hospital, and a staff of about 40 ex-addicts with services available for the addicts in the community. These services are jobs, legal services, family counseling, financial help, welfare, and the whole gamut of social services.

Our program differs from most of the other programs in the United States. It is primarily to keep the addict on the streets, and keep him working for himself and supporting a family. Therefore, our aim in counseling has to do with counseling the police, the job people, the courts, the correctional system, in letting us work with the addict in the street as long as possible and following them if they get into any difficulty through the courts.

Mr. PHILLIPS. Can you tell us about your educational program?

Mr. ACEVEDO. Our educational program is based on a four-point program. First, to provide information through films, through books, through workshops, through the family, through the faculty, through the students, by an ex-addict, a faculty member, a teacher, and a half-time student.

Mr. PHILLIPS. So you have a staff or are at least budgeted now for a staff of three teams; is that correct?

Mr. ACEVEDO. Three-man teams.

Mr. PHILLIPS. There are separate teams and each team is made up of three men; is that correct?

Mr. ACEVEDO. That is right. An ex-addict full time, and a teacher full time, and a student half time.

Mr. PHILLIPS. Can you tell us what that particular group of people do?

Mr. ACEVEDO. They provide information, counseling, treatment, and an alternative to drug use by providing club leaders, equipment for different types of special activities, like crafts, buses for trips, this kind of thing.

Mr. PHILLIPS. Now, what schools are they particularly assigned to?

Mr. ACEVEDO. We have the high school, Roosevelt High School, Hollenbeck Junior High School and the six grade schools that feed into the junior high school and the high school.

Mr. PHILLIPS. You told us essentially the high school asked for your assistance at one time.

Mr. ACEVEDO. That is right.

Mr. PHILLIPS. Could you tell us how they asked for assistance? What was the problem when they asked for your help?

Mr. ACEVEDO. The principal of Hollenbeck was the first one. He said, "We have a drug problem in our school; can you lend us an ex-addict to help us out?" So we sent him the ex-addict and he was there 1 year. By the end of the year we got funded for a full-time program for the three people we had in there—the teacher, the ex-addict, and the student.

Mr. PHILLIPS. That particular school was a junior high school?

Mr. ACEVEDO. That is right.

Mr. PHILLIPS. The ages of the students would be from 11 to 14?

Mr. ACEVEDO. That is right.

Mr. PHILLIPS. That principal recognized he had a drug problem in the school and asked you to send an ex-addict who was working in your program to counsel in the school; is that correct?

Mr. ACEVEDO. That is right.

Mr. PHILLIPS. And then you sort of expanded that from its initial stage into a program that has three ex-addicts, three teachers, and three students, who are all involved in trying to counsel and help young people who are into drugs; is that correct?

Mr. ACEVEDO. That is right.

Mr. PHILLIPS. Mr. Morales, I think you are the head of that program?

Mr. MORALES. Yes, sir.

Mr. ACEVEDO. May we also say that the board of education and the staff on the board of education were a great help in getting that program started. They gave a lot of help all the way down the line. Without them, we could not function.

Mr. PHILLIPS. Good. I am happy to hear that.

Mr. Morales, could you tell us how you view the program?

Mr. MORALES. How do I view the program? In what way?

Mr. PHILLIPS. Its affect on drug abuse that you are confronted with.

Mr. MORALES. You want me to give you an idea how it is working?

Mr. PHILLIPS. Yes, please.

Mr. MORALES. OK. The teacher concerned helps us by working on curriculum, by involving our ex-addict in the teaching situation within the classroom, by referring students who, in their view, have a drug problem or some kind of a problem that they are not able to cope with in the classroom, and so therefore they think that perhaps our counselor might be able, because he has the time, to help that student. Let me explain something about our counselor.

We are finding out that the students, when they have a problem in school, whether it be drug-connected or whether it is a lowering of their grades or they begin to drop out, or whatever, if they act up in class or what-not, that these problems extend on into the home. And it may be a broken home, it may be a problem where the father has a problem of liquor, or he may be also an ex-addict, et cetera.

He might have problems with the law. And then our counselor goes to work on that problem, to see if he can aid in some way. If the parent, or parents, or brothers, or whatever happen to have a narcotic problem, if they are an adult, we can refer them to NPP and they work with them there. We work with the courts. Some of the people, for instance, have a backlog of unpaid citations and are one step ahead of the law, so they arrange with the courts to take care of that problem.

They have driver's license problems, and so forth. And this reflects on the child's behavior in the school. So we attempt to work with him in that way, through counseling.

Danny Salas works at Hollenbeck Junior High School. He has been provided a rap room by the faculty there, where he conducts group sessions. Also, in regard to group sessions, all of us, the counselors and myself, and the teachers involved, have been attending the Los Angeles School for Group Psychotherapy, where we get some pointers on how to work with the groups and adolescent behavior.

This has been very helpful to us. Danny holds group sessions and one-to-one counseling sessions and attempts to help in that regard.

I don't have the numbers with me, the figures offhand, but at Hollenbeck the faculty there has established on a numbers basis some results of great improvement, behavioral improvement, and so on.

Mr. PHILLIPS. Perhaps Mr. Salas could tell us about that.

Mr. Morales. Yes, because he can tell you about his experience and what it is he actually does with the students.

Mr. Winn. May I ask, just to give myself a little background, is Hollenbeck School basically Spanish speaking?

Mr. Morales. Yes, sir.

Mr. Winn. Completely?

Mr. Morales. Not completely.

Mr. Winn. But the majority.

Mr. Phillips. Spanish speaking or just Spanish origin?

Mr. Winn. Spanish speaking?

Mr. Morales. Both.

Also, one other problem you might take into consideration, and Hollenbeck Junior High is just a short block or approximately 300 feet away from Roosevelt High School, and there is a problem in there. Some of the kids, when they are out of class, go and congregate around Hollenbeck. There are approximately, I think, between the two schools, something like 4,000 to 5,000 students in that short area.

Mr. Phillips. Could you tell us essentially how you find the drug problem and what you have done about it in your counseling, Mr. Salas?

Mr. Salas. Well, first of all, I think I should tell you that I am one of the kids he was talking about, 20 years ago. I was involved with drugs and wound up in prison. I am an ex-heroin addict. I was in prison for 5 years, and I came out in 1964 and haven't used drugs since.

Anyway, I got involved in this program. I ran into an old friend of mine who was working for the program at that time, and he was telling me about it. I thought it was interesting and maybe I should get involved in it, because I felt that maybe I could help, since at the time I was involved with drugs there was nothing to help me.

Anyway, I got involved in that school, and there is a drug problem there, but it has been alleviated quite a bit, I think. I think a lot of it has to do with the fact that the kids don't have anything to do once they are out of school, or they don't have enough motivation.

Mr. Phillips. Can you tell us what age group you are dealing with there at Hollenbeck?

Mr. Salas. Anywhere from 12 to 15 years old.

Mr. Phillips. Could you tell us, when you get the student coming into the junior high school at 12 years of age, is he already into drugs at that age?

Mr. Salas. There are some, not many, but in high school they get into it. A lot of them are just experimenting. They hear about it. It is a popular thing.

Mr. Phillips. What kind of drugs would the youngsters be into in junior high school?

Mr. Salas. Primarily, it is sniffing paint and glue. And then as they get a little older and come into junior high school, they get introduced to other things, like marihuana, pills, barbiturates.

Mr. Phillips. Your program, as I understand it, Mr. Acevedo, is the only one of its kind in Los Angeles. Is that correct?

Mr. Acevedo. The only one that is funded. I think there are several.

Mr. Phillips. There are some other programs which are operating without funds, pretty much on the initiative of individual teachers and without any adequate funding or even any funding from the county of Los Angeles, or the State of California, or the Federal Government.

Mr. Acevedo. I think some of these programs get funded from small sources. We are the only one that got the kind of budget we asked for, and we are trying to enlarge it every year so we can deal with more schools. Not only that, we are the only one that has other resources. We have two hospitals of our own, and we have a staff of 100 ex-addicts to back up the school. We also have a lot of help from our Congressmen and Senators and city councilmen and supervisors.

Mr. Phillips. I think you told me you were aware of Congressman Waldie's efforts?

Mr. Acevedo. We had a lot of help from the different health services and so forth. So this is the reason why we can work with the problem.

Mr. Phillips. Thank you.

I have no other questions, Mr. Chairman.

Chairman Pepper. Mr. Waldie?

Mr. Waldie. Yes.

I would ask this of any one of the three of you gentlemen, but Mr. Salas made reference to it. I gather, Mr. Salas, you believe that the condition of drug abuse has improved in the schools with which you have had contact?

Mr. Salas. Well, I have seen improvement since I have been there. I came to work there last February. The kids that I work with, I know for a fact a lot of them have stopped. I work with them with their grades. I guide them the best I can, and there is a big change because I took the time myself, with a teacher that was working with me last semester, I took the time to compare their grades from when I first started working with them to the final semester grades. And there was a big change and they came up. Their attendance improved.

Mr. Waldie. I think what I am trying to find out, I would assume where the student involved has the individual attention and support that your program provides, that improvement would occur. But is there any indication that those of you who have been involved in this program for a longer period of time than Mr. Salas could give to this committee as to whether the drug abuse problem in its more general aspects, what direction is that seemingly going in the public school system. Is it going up, down, or what is your opinion on that?

Mr. Acevedo. It is our feeling—we work, besides these schools, with Garfield High School and part time with Lincoln High School—that the drug problem has decreased quite a bit.

Mr. Waldie. Has started to diminish. Is that drug abuse as well as drug use? Is drug use diminishing and, thereby, obviously drug abuse, or does drug use stand constant and is drug abuse diminishing?

Mr. Acevedo. Let me differentiate from our point of view. I think one of the misconceptions about drug abuse is that everybody who gets involved in drugs is going to be high all of the time. When the students speak about 75 percent of the student body using, they mean use, but they only use one pill a day. Very few get heavily involved.

The one, for instance, Hollenbeck. I don't think there is more than 15 or 25 that give you any kind of trouble. Our main job, though, is to work with these hard-core kids that are the real trouble and, at the same time, work with the teachers and so forth in training, telling them the difference between using drugs and not using drugs, and that has improved.

Mr. WALDIE. You get the feeling that drug abuse, at least, is diminishing?

Mr. ACEVEDO. Yes, and also the drug abuse from the total point of view.

Mr. WALDIE. That was my next question. You may have answered it. Do you think that is occurring all over society, or just in the school system? Is the school system simply reflecting in its lessening of the impact of drug abuse what is happening outside the system?

I generally have the feeling that the school system as an institution is not really much different than the society. If the society is plagued with drug abuse, that institution is going to be among the consequences of the society's problems; and if society starts improving in that regard, the school system will start improving. Is that happening?

Mr. ACEVEDO. No, the heroin problem in the whole county is worse. Cocaine is coming in and cocaine we are very much afraid of. That is a very dangerous drug. You think deaths are heavy now on account of the barbs, wait until cocaine catches on and you really have a very dangerous individual loose in the streets. Cocaine we are very much afraid of and it is coming heavily. It is already reaching the high school. The heroin addict is a very quiet individual who tries to steal, not get involved in armed robberies, because it means a lot of time to him.

But you get a cocaine guy, he is as jittery as the dickens. He is very nervous, and I think you are going to have a lot of problems of control.

Mr. WALDIE. So you think then that the improvement that you discern is in the school system, but not necessarily reflected outside?

Mr. ACEVEDO. It goes up and down, you know. It becomes a fad in a certain area. Like we see right now it is moving into the wealthy area where it is really becoming a problem. I think the chicano community has had it for a longer time, and we are beginning to cope with it a little better. But I think it keeps moving around.

Mr. WALDIE. I think that would be important for us to understand if that, in fact, is the case. The chicano community and the black community have been plagued with drugs.

Mr. ACEVEDO. Beginning to bring it down to size. We understand it.

Mr. WALDIE. Is that true? Is the chicano community and the black community handling the drug problem better than the other portions of the community that have never experienced it? Is there a better handling of that problem in the minority communities?

Mr. ACEVEDO. You have two things going for you. You have a little more financial aid available from the Government. You have better trained people. But if you cut off this help, we are going to be in a lot deeper than we were before because right now we are beginning to come to grips with it, and we need all of the financial help we can get from anywhere, and, God knows, the school system needs all kinds of help. We are behind the eight ball in remedial reading. We are behind the eight ball as far as getting any decent teachers.

And all of it has to be together. We are just coming to grips with the hard part.

Mr. Waldie. You are really dealing with the consequences of a defective system, whether it be a school system or a community area outside of the school system.

Mr. Acevedo. These are the heroin addicts of tomorrow, and we would like to stop it there if we can.

Mr. Waldie. Thank you. I have no further questions.

Chairman Pepper. Mr. Wiggins.

Mr. Wiggins. Mr. Acevedo, would you tell me, please, about the origin of this program? I perhaps missed that in your earlier testimony.

Mr. Acevedo. This program was funded in 1967, August 1, through money left over from the Office of Economic Opportunity funds that were left over from the previous funding. So it was funded July 1, and we didn't get the money until August 1.

Mr. Wiggins. Did it exist prior to Federal funding as a voluntary effort?

Mr. Acevedo. No. Our Congressman said there is money here, could you dream up a program? So we got together and dreamed up a program.

Mr. Wiggins. What were you doing before that?

Mr. Acevedo. I was a member of the Youth Authority Board for the State of California.

Mr. Wiggins. Then this whole effort commenced roughly in August 1967?

Mr. Acevedo. No, we worked for about 6 months prior to that, when they told us the money was coming in. It takes quite a while to get it.

Mr. Wiggins. And is it confined to the several schools you mentioned within the Los Angeles City School System?

Mr. Acevedo. The school funding, yes. We have five different grants under different——

Mr. Wiggins. Please explain it to me. I would like to know the source of your funds.

Mr. Acevedo. We have the one grant under the National Institute of Mental Health that provides services for the catchment area or the Metropolitan State Hospital. This is about 25 square miles.

Mr. Wiggins. Yes.

Mr. Acevedo. It is part of Watts. It is part of Boyle Heights.

Mr. Wiggins. What is the size of your NIMH grant?

Mr. Acevedo. It is one-half million dollars, approximately.

Mr. Wiggins. All right.

Mr. Acevedo. On the model cities, which is a very tiny area, we have East Los Angeles and Lincoln Heights for another half million dollars. Then we have a grant for approximately $68,000 for NARA—Narcotics Addict Rehabilitation Act—for the County of Los Angeles, under titles I and III.

Chairman Pepper. What was the third one?

Mr. Acevedo. $68,000. We have another $68,000 from the Department of Labor for CEP—concentrated employment project.

Mr. **Wiggins**. How much is that?

Mr. **Acevedo**. $68,000, the same. Then we have $110,000 which is our school program under the National Institute of Mental Health Education Department.

Mr. **Wiggins**. Does that element of your total funding come directly from the schools?

Mr. **Acevedo**. No, it comes directly from NIMH to us. We fund the schools.

Mr. **Wiggins**. Well, now, I misunderstood this last $110,000.

Mr. **Acevedo**. The $110,000 comes from the National Institute of Mental Health, the Education Department. It comes directly to us and we fund the schools. We pay the teachers. We give them funding for special events and buses and things of this kind.

Mr. **Wiggins**. You have five sources of funds for your program?

Mr. **Acevedo**. Right.

Mr. **Wiggins**. Do you submit individual applications to each of these agencies for funding, or do you make application to a central source and it happens to be allocated in that fashion?

Mr. **Acevedo**. We make applications independently. We have in Washington several people that tell us where there is money for certain types of projects.

Mr. **Wiggins**. Do each of these funding agencies impose certain standards on you? Are the standards often different?

Mr. **Acevedo**. They are very different.

Mr. **Wiggins**. Are they ever conflicting?

Mr. **Acevedo**. No.

Mr. **Wiggins**. In the last year, have you noticed any coordination in the Federal programs as a result of Dr. Jaffe's efforts?

Mr. **Acevedo**. They are beginning to come together, so that they are beginning to have the same evaluation statistics, evaluational systems, and they are going to have the same requirement for the programs. But so far, we haven't seen too much beyond that.

Mr. **Wiggins**. I haven't added this up, but it is $1.2 million a year, roughly. Is that about right?

Mr. **Acevedo**. That is right.

Mr. **Wiggins**. Now, how many drug abusers do you service in a year?

Mr. **Acevedo**. We serve in two ways. We have a caseload that we service on a casework basis, where we put a caseworker with 25-man case on top of him. We service approximately 700. On a one-shot basis we serve 3,000 more a year.

Mr. **Wiggins**. Those 700, you say, are confined only to Roosevelt, Hollenbeck, and Lincoln Heights?

Mr. **Acevedo**. No. These are adults. We only have one school program. The students that go to these schools are, say, about 4,000, or 2,000 in the high school and 2,000 in the junior high school and about 1,000 or so in each one of the grade schools. So it is quite a large number. We only service the ones that are in trouble and the health classes, so it is hard to keep track of that.

Mr. **Wiggins**. As I understand it here, you have a comprehensive program, one part of which involves school funding and other parts of which have broader jurisdiction. If you service the area of the

State hospital, for example, that is a large geographic area and you provide services beyond the school's jurisdiction.

Mr. Acevedo. That is right.

Mr. Wiggins. It is my understanding that under State law, the schools of this State must provide some form of drug abuse education in their schools. Is that your understanding, as well?

Mr. Acevedo. That is right.

Mr. Wiggins. In response to a question from the chief counsel, you seemed to indicate that this was the only school program of which you were aware.

Mr. Acevedo. No. This is the only one that has this kind of funding available. I think Mr. Kaplan from the board of education will tell you the different school programs that are available to the school system. They have a program of their own. We just happen to have the funding necessary for this particular area.

Mr. Wiggins. Then your program is unique in the sense that it draws from various Federdal programs and it is unique only in that aspect. There may be other drug education abuse programs throughout the city and county funded in a different way?

Mr. Acevedo. That is right.

Mr. Wiggins. To whom do you report? Who are you responsible to?

Mr. Acevedo. I have a board of directors and we report to each one of the funding sources.

Mr. Wiggins. How are these directors selected?

Mr. Acevedo. The board selects the director. We have four different directors on each one of the grants, like Ralph here is the director of our education program. The board selects all of the directors.

Mr. Wiggins. It appears to me that this is a rather awkward way to deliver services, the services which you deliver in the area of couseling and education in the drug abuse field. It involves multiple Federal agencies that have no necessary relationship to each other. Model Cities is under HUD, NARA is under Justice. We have the Department of Labor involved here, and HEW in the National Institute of Mental Health. These are various Cabinet-level agencies that do not necessarily have any relationship to each other and it seems that all of them are picking a piece of the total pie.

I would think it would be difficult for anyone of them to give you direction, guidance. Do you have any comments or maybe suggestions on how these programs might be administered more efficiently?

Mr. Acevedo. They are all dovetailed. We asked the funding sources to let us dovetail them. For instance, we have a hospital section, all hospitals are administered the same way through the same administration. So that we can move hospital records back and forth and then we provide with hospital services.

We have field services that provide legal services and family services, and so forth, for all grants.

We have a job development section that creates jobs and provides jobs for everyone. The Department of Labor is one of them. So we can use the CEP program. It is a training ground for all of our employees.

So all we do is dovetail them all, so we can work all of the programs together to help each other out. We back up our school program to help our adult services and our family services.

Mr. Wiggins. If you knew everything that you know now and you were suddenly and magically transported to Washington and asked to contribute that knowledge to an organizational structure which could deliver the kind of services you could provide in a sensible sort of way, would you tend to perpetuate this present system?

Mr. Acevedo. Of course not. If I get one bag of gold—you know how money is obtained—you have it over here and over here and all you try to do is coordinate this thing so it works.

Mr. Wiggins. Would it be helpful if the new Special Action Office had direct funding authority equivalent to the total amount coming from all of these multiple sources? Would that make more sense?

Mr. Acevedo. It certainly would.

Mr. Waldie. It would make more sense if it didn't reduce the total.

Mr. Acevedo. You are a politician. You know how much chance it has of coming through.

Mr. Wiggins. I am also somewhat concerned, Mr. Acevedo, with the difficulty of the Federal Government controlling how it spends taxpayers' money. Under the present arrangement, it is so easy for you, or someone not like you, to point the finger at the other agency. It is a beautiful buck-passing arrangement when you have five bosses, none of whom are really answerable to each other, or necessarily communicate with each other.

Well, in any event, I don't blame you for taking advantage of what is now available and you leave it up to us to structure it some other way.

Mr. Acevedo. I wish they would pass the buck. They sit on us night and day. I would like to have people stop and look at our statistical section and bookkeeping section where they keep riding herd on us all of the time. It is hard to spend money out of line.

Mr. Wiggins. How much of this total goes to administration, if you can isolate it in that way?

Mr. Acevedo. There is no such animal. I just get paid as the director and everybody gets paid as staff. There is no overhead on administration. We are not allowed, because we are all Federal grants, to have indirect costs of any kind.

Mr. Wiggins. I have observed in other areas, particularly in education, and in the drug field as well, that the Federal Government is getting very up-tight lately about evaluating programs. And perhaps they should, but the programs down at the operating end are spending a great deal of their time hiring evaluators, preparing statistics and trying to answer questions from Washington. They are not getting much trickling out of the end of the spigot as the result of all of these administrative chores.

Are you occupying much of your time in that way?

Mr. Acevedo. Yes. We are stuck with all of those things. We have a staff of all evaluators with one of these scientists on top of it. We have to do that because they give us all kinds of forms they send in to evaluate. That is one of the things Jaffe should do, get one form for everybody, because every funding agency gives a different evaluation system.

Mr. **Wiggins**. How is this program integrated, if at all, into a countywide effort? I understand that there has been some movement in recent weeks in Los Angeles County about forming an umbrella agency to oversee all of these drug abuse programs. Would that umbrella cover this program as well?

Mr. **Acevedo**. We are part of it. We have our own people on four or five of the committees.

Mr. **Wiggins**. That is all the questions I have right now, Mr. Chairman.

Chairman **Pepper**. Mr. Winn?

Mr. **Winn**. Thank you, Mr. Chairman.

I would like to ask you, Danny, if I might, at what age would you suggest that we start educating these people?

Now, you work in a junior high. Do you think we should go down to the elementary school with some type of a drug education program?

Mr. **Salas**. Well, I think you should, because I know that in September we got a crop of seventh graders and there was a lot of them that came to us aready with the knowledge. They were already involved.

Mr. **Winn**. By some of the testimony today, and in other parts of the country, I think we were all kind of amazed and jolted that sixth and seventh graders, not a high percentage, were on drugs in certain areas and pretty knowledgeable on the subject. And then we had other experts tell us that they thought that we ought to start at least in the sixth grade with a drug education program; in the earlier formulative years, before they get to the peer pressures. I don't really know how—I am not arguing the pros and cons of it—I don't know how the peer pressures that they get in high school, how our drug education program is going to be able to take care of those pressures. But that would be up to the individual, I guess, and how good an education program we gave them.

Congressman Waldie was asking about the percentages, of whether drug abuse or uses and abuses were going up or down. Have you seen in the people that you are working with a recent trend toward the combination use of barbs and alcohol?

Mr. **Salas**. Would you repeat that, please?

Mr. **Winn**. The combination of barbiturates and alcohol.

Mr. **Salas**. There is some usage of that, but I mean, you know, I can only speak for the school I work in. I don't know how it is throughout the city because I don't have any contact, other than a few people that I see at school, in the school of psychotheraphy, and we exchange views and stories about our schools. But, like we were funded $24,000 for the Hollenbeck school and the system that we have got going. We have school clubs at school, after school, that consist of different types of clubs, like crafts, photography, and showing the kids—in other words, motivating them and getting them interested in something other than going home and going to the local playground and getting involved.

Mr. **Winn**. You try to keep them busy?

Mr. **Salas**. Right. We take them on trips. Like Mr. Jimmy Lefebvre was talking, I went to the Dodgers' Stadium personally to see him so he would come to our school, and now we have a plan going now where he is going to make arrangements to try to come to our school.

Also, Mr. Don Newcombe.

Mr. WINN. Who?

Mr. SALAS. Don Newcombe. He gave us, I would say, about 400 tickets throughout last season to bring the kids to Dodgers' Stadium free. We were allowed so much for transportation.

We try and provide trips, educational or recreational, for them.

Mr. WINN. I was impressed with your statement that the students that you follow through on, checking their grades, that their attendance was better and that their grades went up after you had been working with them and after they became a part of your program. I am sure this is one place where you can visualize and see that your program is successful, because you have the proof positive right there in the mental attitudes and the mental applications of those young people that you are working with. These are junior high students?

Mr. SALAS. Yes, sir.

Mr. WINN. Of that same bunch of people, did you find more of a desire to go on to high school and to get a higher education?

Mr. SALAS. Right.

Mr. WINN. That sort of came along with their improved grades?

Mr. SALAS. See, the high school that most of the kids feed into is about a block and a half away.

Mr. WINN. That is Roosevelt High School?

Mr. SALAS. Right. And I have a lot of the kids come back to see me and tell me about their experiences in high school. In other words, how they are doing. And I think that a lot of them are carrying on the same pattern.

Mr. WINN. Do you suppose we can ever get the young people that don't want to go on drugs, or that have gotten off them, to take over and be the large peer group and make the other ones the minority? That would be the perfect answer, if we can get the thing reversed some way. Maybe your program will be accomplishing that if you have some kids that say, "No" to their peers and tell them why they are not going on drugs.

Mr. SALAS. That is one of their main problems. A lot of them don't know how to say "No."

Mr. WINN. The after-school programs, are these for students only, or are these for adults? Do you have adult programs, too?

Mr. SALAS. These are for students of the school.

Mr. WINN. Students only?

Mr. SALAS. Right.

Mr. WINN. So you get them all involved in clubs and art and sports, I suppose?

Mr. SALAS. Right.

Mr. WINN. And you are sort of augmenting the school program?

Mr. SALAS. Yes. Then we have 20 clubs after school.

Mr. WINN. We have had a great many users that testified, young people that have testified before the committee, that one of the main reasons they got on drugs was boredom.

Mr. SALAS. Right.

Mr. **Winn.** Boredom at school, boredom at home, boredom in the community. Just general boredom, whatever it was.

Mr. **Salas.** Well, that is how we initiate to get these kids involved in these after-school clubs. Because, you know, when you talk to them, they usually say, "I don't want to go home because it is boring."

Mr. **Winn.** They don't want to go home because it is boring?

Mr. **Salas.** So I immediately jump at the chance and get them involved in something. We have a guitar class where we were able to get 20 guitars last year, and we have 60 kids.

Mr. **Winn.** Sixty kids playing guitars?

Mr. **Salas.** We have 60 kids in the club, but we only have 20 guitars.

Mr. **Winn.** You say you take the kids out to the ball game and Don Newcombe gives you tickets or buys tickets for you. Don't you think there is a place for an organization such as Athletes for Youth that appeared before us? Don't you think the kids still look up to athletes?

Mr. **Salas.** Yes; they do.

Mr. **Winn.** It seems to me an organization of that type has fantastic possibilities.

Mr. **Salas.** I think kids look up to these people. I mean they are in the limelight all of the time and like I heard a lot of good about their organization, and that is why I made it a point one day when we took the kids, I made quite a lot of trips there to Dodgers' Stadium and got to know one of the guards and he let me go over to the bull pen to talk to Jim.

Mr. **Winn.** I was just amazed, though, Danny, this young man, Mark, this morning, who seemed to be a very intelligent man, and I think he hit a point, that the ball players and all—we were talking about it at lunch—he said he didn't watch television when he was on drugs. He was either stoned most of the time or he was out looking for more drugs so he could go sell them or get hold of them. He didn't watch television.

It is kind of hard for a lot of us, I suppose, to imagine a young person not being interested in television.

So the point was that when they had the commercials with the outstanding athletes telling the kids, "Don't use the drugs," well, maybe the kids aren't watching the commercials because they are not watching television. Maybe we have to start putting it on records. He said he just sat around, laid around, listening to records.

Thank you, very much.

Chairman **Pepper.** Gentlemen, you confirmed to me what I have been observing as we have had these hearings all over the country, that the main problem is money.

You said you were funded. A lot of these other organizations were not. You work in the schools, don't you?

Mr. **Salas.** Yes, sir.

Chairman **Pepper.** You work on school grounds, you work with students. You have proven by your experience that a properly designed and properly executed and properly funded program can do good in the schools, haven't you?

Mr. **Salas.** Yes, sir.

Chairman **Pepper.** And, after all, that is where the action is. That is where the kids are. That is where the drug abuse is. So it leads me to believe what I have already observed, that if we could get the Federal Government—and it seems to be the only possible source of a large amount of money—to inaugurate a large-scale program of help to the schools to combat drug abuse, to try to prevent it and try to get those who are addicted to drugs off of them, then leave it up to the school authorities to devise and to bring into the school the best kind of program to deal with the problem and the best kind of people to deal with the problem, that a great deal could be done in respect to the drug problem.

Do you agree?

Mr. Acevedo. I certainly do. But I wish you had a chance to listen to our choir because Mr. Patterson, who was an All-American basketball player at UCLA, has been coaching them. This was a whole bunch of kids with nothing to do and he really got them to do great things, as far as singing is concerned.

Chairman Pepper. Very good.

You have indicated that is simply a facet of it. You have to find some employment for them that they will find interesting, that they like to do, that is stimulating and challenging to them. In the curriculum, Mr. Waldie will recall, in San Francisco, at our hearings we had the superintendent of the city schools of Oakland as a witness, one of the best witnesses I ever heard. His name is Dr. Marcus A. Foster. We brought him on to Washington later and he appeared before the Education and Labor Committee of the House.

Dr. Foster said that it was his objective to try to make at least one interesting thing available to every student in that school every day, something that would excite their interest, something that would stimulate them and the like.

Now, I wonder if any imaginative school principal has experimented—I know they are drained of money and they have many problems and the like—but experimented with the problem of keeping the students there in the afternoon. I guess they have the problem of going home on the bus after school, so they don't have a playground. Maybe they could delay the bus until a later time.

Do you know of any imaginative school principal who has tried out the different techniques of employing the students and enriching the curriculum and the like?

Mr. Acevedo. I think Mr. Kaplan, who is the drug coordinator for the whole county, has done several of these programs. He can discuss it with you later on.

This is where I first met him. I was working in probation many years ago and we were carrying on one of these after-school programs for gang kids when I first met him. I think it is the same kind of thing you are talking about.

Chairman Pepper. You have them playing guitars and you don't have enough guitars, and you have a lot of other activities that are of interest to them. They like to do it. One witness testified—I believe that was in San Francisco—the only time he came to school was when he ran out of drugs. He knew he could always get them there. It seemed they didn't check too closely on his attendance.

You are encouraging me to believe that if they get the proper funding that the school authorities of this country can do something; and organizations like yours, of course, would be the instrumentality, one of the instrumentalities they would use to do it. But a great deal can be accomplished if the proper programs are inaugurated into the schools.

How adequate are the treatment and rehabilitation programs in Los Angeles County? This is a county with a population, I understand, of over 7 million and yet we got the figure today from Dr. Noguchi that 1,124 people in this county died from an overdose of drugs in the fiscal year 1971–72. That is over 1,000 people that died from drug overdose.

Now, how many people are you treating through your organization?

Mr. **Acevedo**. We treat approximately 1,000. There is all kinds of treatment available for the barbiturate user. The only thing is, when they overdose, they are not in the school. They are not in any place where you can get them to a hospital. They are in some alley in the evening, on Friday or Saturday, and they don't know what to do. One of the things our program tries to do is get TV time and the Spanish programs to advise parents and teachers what to do when somebody has certain symptoms of overdose. Because we certainly have at least three hospitals that will take overdose patients immediately, provided someone takes them there.

There we have no need. We have need for hospital beds for heroin addicts, and we need——

Chairman **Pepper**. How adequate is the number of beds available for heroin addicts in Los Angeles?

Mr. **Acevedo**. Not very adequate. Approximately 200 beds all together, and we have got about half of them ourselves. But for the pill dropper, there are a lot of hospitals, because they will accept them anywhere on an emergency basis. The only thing is, all of the kids are not acquainted with what to do when somebody overdoses and where to take them. But the facilities are there.

We have asked the kids of their own volition to do this. For instance, we have worked out with the school that we can do this for them, but they don't do this in school, they do it in the evening.

Chairman **Pepper**. I remember several mothers testifying at our various hearings, mothers whose sons died from overdoses of drugs. They said that they didn't know what was the matter. They thought the boy was a growing boy and maybe he was just sleepy or tired or wasn't feeling well. They didn't recognize the problem. Maybe part of the education program should include the parents.

Mr. **Morales**. May I answer that?

Chairman **Pepper**. Yes.

Mr. **Morales**. Part of the program is to educate these parents through the advisory committees of the schools.

Chairman **Pepper**. Very good.

Mr. **Morales**. And any other group.

Chairman **Pepper**. What about the teachers? Do you educate the teachers?

Mr. **Morales**. Yes, sir. We are doing that, also.

Chairman **Pepper**. Well, you find that helpful, don't you?

Mr. Morales. Very helpful. That also builds up the rapport between Danny and the school administration. As a result of, partly as a result of, some of these meetings Danny has been getting more referrals from teachers. So have our other counselors in the schools that they are working in.

Chairman Pepper. Gentlemen, you have been very encouraging to me. You indicate that something can be done if we just do it.

Mr. Wiggins?

Mr. Wiggins. Before you gentlemen leave, I would like to pursue this matter of funding just a little bit more.

This program is funded entirely with Federal funds. Are there available State sources of funds for similar programs?

Mr. Acevedo. There are, but we would much rather let them give us in kind. For instance, if we get into the department-paid hospital, it would cost us $100 a day. For the 50 beds we have, if we get it for in kind, we get the help of the board of education, they let us have teachers, they let us have their supervisors, their administrators, for nothing. We get the help of the courts, we get the help of the police, we have the help of the correctional system for nothing.

So all of this would cost us money if they were funded by somebody.

Mr. Wiggins. Yes, but that seems to me to be more in the nature of cooperation that is within the discretion of the courts, the hospital agencies. I am talking about State programs as a source of funding, dollar funding, and not in-kind services. Are there such programs within the State of California?

Mr. Acevedo. Yes.

Mr. Wiggins. Are there State-funded programs like yours operating in the city of Los Angeles?

Mr. Acevedo. No. The funding they have is too small. The funds, the maximum, is about $50,000. We cannot wiggle with that little money. It is too little for us. And the red tape involved is out of sight.

Mr. Wiggins. Is there any prohibition about the utilization of State funds, together with Federal funds, in a given program?

Mr. Acevedo. We have three grants before the State.

Mr. Wiggins. Three applications?

Mr. Acevedo. Three applications only.

Chairman Pepper. Is there any other agency like yours that is funded entirely by the Federal Government in Los Angeles County?

Mr. Acevedo. We have two components, that are incorporated, that are funded by us, one in Watts and one in San Fernando Valley, that are funded entirely by Federal funds. There are several others, but they have small grants and they only have one grant——

Chairman Pepper. In other words, your agency is the only one that has substantial Federal grants in Los Angeles County?

Mr. Acevedo. That is right.

Chairman Pepper. Any other questions?

Mr. Winn. On your reference to the need for hospital beds for heroin addicts, you are talking about detoxification?

Mr. Acevedo. That is right.

Mr. Winn. You are not talking about the other type of treatment?

Mr. Acevedo. We have methadone maintenance.

Mr. **Winn**. You have methadone maintenance?

Mr. **Acevedo**. We have a 100-slot methadone maintenance program.

Mr. **Winn**. Thank you.

Chairman **Pepper**. Well, thank you very much, gentlemen. You have made a valuable contribution. We appreciate your coming. Keep up the good work. Maybe there will be more money available some of these days.

Mr. **Phillips**. Mr. Chairman, the next group of witnesses is a panel of school official : Arnold Miller, the principal of Monroe High School; Jim Burt, drug counselor at Crenshaw High School; and Kathleen O'Flynn, who is a nurse at Dorsey High School.

Since you are sitting in the middle, Mrs. O'Flynn, perhaps you could tell us what your program is in the Los Angeles school system.

STATEMENTS OF ARNOLD MILLER, PRINCIPAL, MONROE HIGH SCHOOL, SEPULVEDA, CALIF.; JAMES BURT, DRUG COUNSELOR, CRENSHAW HIGH SCHOOL, LOS ANGELES, CALIF.; AND KATHLEEN O'FLYNN, NURSE, DORSEY HIGH SCHOOL, LOS ANGELES, CALIF.

Mrs. **O'Flynn**. I am a nurse with the Los Angeles City Schools and have been for approximately 18 years.

I got involved with the drug program in a bit of a unique way. We received some Federal funding for an extra person to work with youngsters who are in what we call "opportunity rooms" in the Los Angeles City Schools. The youngsters who are in opportunity rooms are youngsters who are not able to function in a regular room. And it was the first time, it was only for 1 year, that money was allocated for a nurse to work with these youngsters in the opportunity room.

As I got in and got acquainted with these kids—and there were maybe 20 to 22 of them—I discovered that many of them were on drugs and I discovered that many of them were on drugs because they had problems. And this was their way of copping out from their problem.

I started individual counseling with them at first, but I just couldn't see them often enough and we went from individual counseling into group counseling. We had a maximum of about, oh, maybe 12 in a group. Now, I met with them every day because they were assigned to the opportunity room. And gradually this thing sort of snowballed. These youngsters eventually went back to their regular classrooms, but they kept coming back because they had problems that they did want to discuss with the other kids who were in their groups.

They told their friends about the program and their friends, who were not in the opportunity room, would come in and say, "Can I participate in your rap session?"

So gradually we evolved a program that—oh, I imagine we had 60 or 70 youngsters in the program.

There was not a great deal of interest by the administration in the program. This was just something extra. They had two nurses at the school, because there was a regular nurse assigned full time to that school and I was the extra one. At the end of that year, the program was closed out because of lack of funds.

We also had an economy drive here in Los Angeles and nurses were cut back tremendously in the Los Angeles City Schools. As a matter of fact, they were going to get rid of all of the nurses in the Los Angeles City Schools. So I ended up as a regular nurse at Dorsey High School because the other nurse didn't have as much seniority as I had and I also ended up with 3,000 other students.

With 3,000 students, I just could not apply the time to counseling with the youngsters who were in the rap room, so I knew I had to make some independent program that was going to take care of them.

Mr. Phillips. Before you go into that, I would like to ask a couple of questions about the program you said you started.

You said that some of the youngsters were having drug problems. What type of drugs were the youngsters having problems with?

Mrs. O'Flynn. Many of them were using uppers and downers, primarily reds.

Mr. Phillips. And some whites, I take it?

Mrs. O'Flynn. Right.

Mr. Phillips. And were they into it to the degree they needed help?

Mrs. O'Flynn. Oh, yes; very definitely.

Mr. Phillips. And there was no place else to go but your particular facility?

Mrs. O'Flynn. No. As a matter of fact, one of my youngsters OD'd.

Mr. Phillips. And died?

Mrs. O'Flynn. Yes.

Mr. Phillips. And you had a number of others overdose; is that correct?

Mrs. O'Flynn. Yes. As a matter of fact, yesterday they took two of mine away by ambulance—it was from barbiturates.

Mr. Phillips. Right out of your school yesterday?

Mrs. O'Flynn. Right.

Mr. Phillips. Would you please go on? I am sorry I interrupted you.

Mrs. O'Flynn. I made a contact with the county department of mental health, with Debby Oguado, who is over in the West Area Mental Health Association, and we were fortunate enough to get two people to work with us. One is a psychiatric social worker and one is a psychologist. The following year we had these two people, a man and a woman, working in our school, and they were there 1 day a week, 4 hours all together, once a week. This was wonderful that we could continue the program, except if a youngster comes in on Monday with a big problem that he wants to discuss, you can't say, "Come back at 10 o'clock on Wednesday and we will discuss it." He wants something done about it right then.

We needed more help. Anyway, we carried our program along last year with just these two people and this year we tried to see if we could double it. Now, this year we have four people working the program. We have two psychiatric social workers, one psychologist, and one man from the Los Angeles County Probation Department. The man from the county probation department is working only with parolees who are in our school and he has had them assigned to him.

They had other parole officers and they gave him the kids at our school and he gave some of his kids from other schools to them. So that he is working with 14 young men who are on parole.

Mr. PHILLIPS. First of all, you say you originally were assigned to this program as being a health nurse in an "Opportunity Area"?

Mrs. O'FLYNN. Right.

Mr. PHILLIPS. A special nursing area with children who just couldn't cope with school?

Mrs. O'FLYNN. Right.

Mr. PHILLIPS There was a special nursing problem recognized by the school?

Mrs. O'FLYNN. Right.

Mr. PHILLIPS. A budget cut eliminated that program entirely?

Mrs. O'FLYNN. Right.

Mr. PHILLIPS. Then, in order to carry on the program, you apparently went out and borrowed some people from the public health department?

Mrs. O'FLYNN. Right.

Mr. PHILLIPS. And they gave you at least two people to work part time, once a week?

Mrs. O'FLYNN. Right. I had four people.

Mr. PHILLIPS. This year they have given you four people to work part time?

Mrs. O'FLYNN. Right.

Mr. WINN. May I ask a question?

I am a little puzzled. It seems when you first started, you found out these kids were on drugs and they came to you as the school nurse. That part I understand. But I don't quite figure out—you must enjoy a reputation at the school or something because all of a sudden you were a "mother confessor" or something.

Mrs. O'FLYNN. No. This is no accident they came to me. They were assigned to me.

Mr. WINN. They were assigned to you?

Mrs. O'FLYNN. Oh, yes. Many of them came under duress. They didn't want to talk to me at all.

Mr. WINN. But you say they keep coming back to you, so you obviously developed a credibility with them, and maybe you are an adult they could talk to, that they couldn't talk to their parents at home. I suppose they talk about every problem under the sun, probably.

Mrs. O'FLYNN. I think one of the reasons, probably, they would talk to me is because I don't threaten them. I am not a teacher who is going to give them a grade. I am not an administrator who is going to suspend them or anything like that. They know that anything they say in these conferences is kept absolutely confidential.

Mr. WINN. My point is this, though, they don't normally do this to most school nurses.

Mrs. O'FLYNN. No.

Mr. WINN. Half of them don't know where the nurse's office is, we found out, or if there is a nurse.

Mrs. O'FLYNN. Right. Many of these youngsters, as I say, came under duress. Because they were in the opportunity room because of their school problems, they were assigned to me. Now, many of them, when they first come in, come in very belligerently, throw their books down and say, "I don't even know what I am here for."

But after the youngsters have been in there for a session or two and start talking, then gradually these kids become involved in helping them with their problems.

I do very little of the counseling. It is the other people, the other young people who are in the group, who are counseling them on their problems.

Mr. WINN. I read you now.

Mrs. O'FLYNN. These kids are not all on drugs. We have kids who have problems who come in. I don't know whether I could work with a group that were all drug oriented, because I don't know that these kids could help each other very much.

Mr. WINN. Now, as a nurse, when you first see these students, sometimes they come in and I suppose they are sent there by their teachers or some come in on their own, they are coming in, those under drugs are stoned or they are sick at their stomach.

Mrs. O'FLYNN. Right.

Mr. WINN. What do you do with them?

Mrs. O'FLYNN. Usually I don't do anything with them if they are high, because you are wasting your time trying to talk to somebody when they are high.

Mr. WINN. I am talking about physically, as nurse treatment.

Mrs. O'FLYNN. Well, it would depend upon the situation of the youngster.

Mr. WINN. Let's say a girl comes into your office and she is stoned. Do you have her lie down; do you take her to the office; or do you send her home; or what do you do?

Mrs. O'FLYNN. I take her into my office and I talk with her and I suggest to her she probably is high. Ninety-nine times out of 100, she will say, no, she is straight. Then I make the parent contact and have the parent come in. I talk with the parent. I have some brochures I give to the parent on why kids use drugs, what are some of the reasons kids use drugs. I have the parent take the youngster to the doctor. They take them out of school. They take them to a doctor.

Mr. WINN. Excuse me for interrupting, but I am trying to follow this whole procedure, because, actually, we have honestly had, to my memory, one other nurse on, and she was strictly administrative and it turned out to be a political argument as to who was to blame for their not being funded, and we didn't get any answers out of the lady.

So you make a parental contact. Do most of these parents know that these kids have been on drugs or are using drugs?

Mrs. O'FLYNN. Sometimes they do; sometimes they don't. Sometimes these kids have a long history of drug use. This is one of my big bitches with the Los Angeles City Schools, the fact that many of these youngsters who have been using drugs for years, 2 or 3 years, and as soon as they are picked up, maybe they are sent in to the dean's office or the vice principal's office and they are suspended until a parent comes in for a conference.

The parent comes in for a conference. They transfer the youngster to another school. Now, that doesn't solve the other school's problem and it doesn't solve the kid's problem.

Mr. WINN. In what type of income area is Dorsey High School?

Mrs. O'Flynn. One of my youngsters was on the panel here this morning. We are 99 percent black and 1 percent Japanese. I would say it is a middle class.

Mr. Winn. Middle income?

Mrs. O'Flynn. Yes.

Mr. Winn. If you advertised in the Dorsey school paper, or whatever your communications might be, a message to parents of the students there that you are going to have a drug education program, I bet you wouldn't have 10 percent of them attend, would you?

Mrs. O'Flynn. You wouldn't even get 10 parents, let alone the kids.

Mr. Winn. You wouldn't get 10 percent of the parents?

Mrs. O'Flynn. No.

Mr. Winn. We keep saying we have got to get the parents involved, and, of course, the question is, how do we get the parents involved?

Mrs. O'Flynn. We had a PTA meeting the other night and I was one of the speakers, and we had 10 teachers there and eight parents.

Mr. Winn. I will be a little critical of the teachers. In Kansas City, they had an extra hour after hours, not paid, for teacher drug education, and less than a third of the teachers came, too. So we are all to blame.

Mrs. O'Flynn. Yes.

Mr. Winn. I am sorry I got so far off the schedule.

Mr. Waldie. Can you tell me, Mrs. O'Flynn, what the situation is as you have observed it relative to the incidence of drug abuse in recent years? Has it improved or has it deteriorated?

Mrs. O'Flynn. I think it has improved.

Mr. Waldie. Has drug use changed? Do we still have as high an incidence of drug use, but we are getting to drug abuse? Is that a correct observation?

Mrs. O'Flynn. We have a tremendous amount of drug use. You know, in California, a youngster may not be on medication at school unless the medication is brought in to the nurse's office. I got boxes and boxes and boxes of drugs, prescriptions from doctors, for kids. Some of them are narcotics, some of them are tranquilizers, a lot are antibiotics. They sit there the whole year round. Sometimes the kids come in to take them; sometimes they don't.

At the end of the year, I send a notice a week before the end of school to please come in and pick up their medication. Nobody comes in to pick it up. At the end of the year, I flush it all down the toilet. I bet I have got $500 worth of drugs.

Mr. Waldie. If your observation is correct, that the incidence of drug abuse has diminished in recent years, is that reflective of a societal change or of a school institutional change?

Mrs. O'Flynn. I would say probably a societal change.

Mr. Waldie. You would not attribute that improvement to any particular emphasis on programs within the schools themselves?

Mrs. O'Flynn. Now, do you mean drug education programs or mental health programs?

Mr. Waldie. What I am trying to find out is if there is an improvement in the situation, and I gather there is as I have heard that testimony from other committee hearings on this same subject—that the problem is improving. The question I am trying to get answered is, is that improvement limited to the school system or is it throughout society? I gather you believe society's problem is improving and that is reflecting in the school system. Then I am trying to find out, have the programs in the school system contributed to that improvement, or are we really dealing with a societal change that is not measurable or attributable to any one approach.

I guess what I am trying to ask of you is, can you point out something that we have done that has been successful in this regard and, therefore, gives us direction, and we ought to encourage that, or is, in fact, the improvement due to circumstances that aren't defined, that all of a sudden society is getting off this drug kick we have been on for a number of years?

And I think it is important for us to attempt to understand that in order to determine how we allocate resources and in what direction those resources should be applied.

Mrs. O'Flynn. It is very difficult to say. Now, we do have a drug education program. You were asking about whether this starts at junior high school. In Los Angeles, we do have a drug education program in elementary school, also. And we have some very fine filmstrips and things like that for our fifth and sixth grade students, that I think are really quite educational.

I think by the time youngsters hit senior high school they know the names of drugs, they know the difference between the drugs. Those that have been using them know the street terminology for the drugs. How much the information received in elementary and junior high school is going to deter them from drug use, I cannot say, because I can't measure it any more than I can measure the youngsters that I have in our rap sessions who are not on drugs, but who might be on drugs if they had not been in the rap session.

Mr. Waldie. It seems to me that the committee has heard different approaches. The approach that preceded yours, in effect, was dealing with the consequences of those already involved in drug abuse. We have not heard a great deal, at least at this committee hearing, on the efforts to prevent people from getting involved in drug abuse, and my interest in that subject was piqued by either the Saturday Review of Literature or Atlantic, I can't recall which, and I meant to bring it to the committee.

Mrs. O'Flynn. It was the Saturday Review.

Mr. Waldie. The Saturday Review, which was very critical of drug instructional programs and implied that in our zeal to determine that that is the answer, those interested in marketing products have flooded the system with not only inferior instructional tools but—interestingly enough, the conclusion of this commission, this article—damaging tools that not only do not deter but apparently encourage.

An absolutely negative report on instructional efforts in terms of drug abuse throughout the entire country and, I think, possibly the first massive study that I have come across that came to that conclusion. I have been anxious to find someone familiar with it, and I am delighted everybody on the panel here seems to be familiar with it.

Do you concur with that report?

Mrs. O'Flynn. I think that most of the material that is presented is very objective. I mean, they name the drugs and they tell their source, and they say what effect they have on an individual. And there are teachers who do use scare tactics and, particularly, up until a year or so ago on marihuana, and the kids wouldn't buy this, particularly as they got into senior high school.

The younger students, elementary and junior high school students, may.

Mr. **Waldie**. I know we are dealing with a very subjective problem and to subjective problems there are not, perhaps, definitive certain answers; but we have, I think with abandon, rushed into two conclusions. One seems to me to be demonstrably in error, and that is that the school systems have been lax and therefore the problem of drug abuse has sprung up in the schools.

Personally, I am of the opinion that the problem of drug abuse in the school system is absolutely reflective of the intensity of that problem outside the society of which that institution is a part. If that is correct, as that problem lessens in intensity outside the school system, that particular institution finds its problem lessening in intensity, and our headlong effort to suggest that the problem is within the school system, therefore the solution has to be found within the school system, is causing me considerable concern as to validity.

I think you cannot deny the necessity of treating the consequences of that problem that is society's problem as they are reflected in the school system and that clearly is the addict and clearly the student who is abusing, but I really have some concern about whether our direction in terms of instructional programs has been worth the devotion of resources that we have ascribed to that might better have been utilized to improve the curriculum in its general aspects.

And that Saturday Review analysis gives me great concern on that.

Just to comment on what I said, do you find disagreement with some of those points?

Mrs. **O'Flynn**. I feel you find the school more in the center of the drug scene than it probably warrants, primarily because this is where kids gather, and this is where a tremendous amount of selling is going on. On Saturdays and Sundays, the kids can't locate each other, so if they are going to sell, this is where they can make most of their sales, and this is why you see so much of the drug scene in the school rather than on the street.

Mr. **Waldie**. No one has addressed themselves yet in this hearing either to that problem of selling and the means whereby that is sought to be prevented. Does anyone on the panel have anything to contribute in that direction?

What are the schools doing, to your knowledge, in the way of enforcement, prevention of access to drugs? Is there any effort that you can describe to me as to how you are seeking to prevent that market from being implemented, the distribution system where the youngsters congregate?

Mrs. **O'Flynn**. It is pretty difficult because you would have to have an adult in every bathroom in the senior high school in order to prevent it. And then our particular school is located next to a park, and our youngsters, a lot of them, as they say, if the heat is on they will just go over to the park, and there is a gate near our athletic field to the park.

Mr. **Waldie.** How does the heat get on within the school?

Mrs. **O'Flynn.** If a youngster gets busted and he is selling and he has got a load on him, then there is a lot more activity. The police are around more frequently. We have security guards at school. They are much more visible. They are hitting more bathrooms, things like this.

Then the kids say the heat is on, and this is when the selling moves to the park.

Mr. **Waldie.** All right. Should the heat be on all of the time?

Mrs. **O'Flynn.** Probably. But it is pretty difficult.

Mr. **Waldie.** Why?

Mrs. **O'Flynn.** There are so many places where they can sell.

Mr. **Waldie.** Well, if they are not selling within the school system, the exposure, it would seem to me, is lessened because the ability to congregate is lessened.

Mrs. **O'Flynn.** Right.

Mr. **Waldie.** So, if the heat is on as a permanent impact, do you not diminish, then, the opportunity to the seller?

Mrs. **O'Flynn.** Right. You do.

Mr. **Waldie.** And for the seller to succeed, they have to congregate in lesser numbers somewhere, such as the park; and the park, it would seem to me much easier to put the heat on there than in the institution itself.

Mrs. **O'Flynn.** Right.

Mr. **Waldie.** Why, then, is the heat not kept on?

Mrs. **O'Flynn.** We just don't have enough people to police these places.

Mr. **Waldie.** That, again, is a resource problem. It is not an educational philosophy problem?

Mrs. **O'Flynn.** No. I think it is a financial problem. We just don't have enough people to cover the areas.

Mr. **Waldie.** Does everyone on the panel concur in that?

Mr. **Burt.** I would like to speak to that.

I am Jim Burt from Crenshaw High School, which is next door to Dorsey.

We have similar problems, I think, that Dorsey has. I would particularly like to speak to the policing and what effect it has.

In the last year, we probably increased our so-called security agent force by at least double and added parents, added teachers in various ways. We try to be there when the dealing is going on.

I think probably that is one way. We have closed campus, and it is possible it is a little better than Dorsey is for the agent to be at the door when a large number of kids are coming in. But, contrary to the selling in bathrooms, mine at least are dealing in small amounts, which it seems to me from what I heard, where the kids really go to get dope at school is in a place where a large number of kids congregate around the lunch area and you will get three or four. The signals are very easy to get.

So it will always be there.

Mr. **Waldie.** It will always be there, but I presume an increase of security means does, in fact, diminish the amount of dealing?

Mr. **Burt.** And if you have a real good bust——

Mr. WALDIE. No; I have heard educators argue that the environment that is thereby created on the campus is destructive of education—I understand that—but in balancing the destructiveness to the educational process between general access to drugs and to a tight security situation, it would seem to me, not as an educator but as a layman, that the better of the two problems would be a tight security system.

Mr. BURT. You would hope it would be temporary, however, that we would get to the point where it wouldn't be necessary.

Mr. WALDIE. Of course. Is there any disagreement with that conclusion?

Mr. MILLER. I am Arnold Miller, principal from Monroe High.

I don't know. It seems to me what they have said I would agree to. It is very difficult to get the evidence. You have got to see them doing this.

Mr. WALDIE. I am not really talking about prosecution.

Mr. MILLER. We do expel the youngster we find selling on the grounds. But it comes sporadically, too. We know when we see and hear about selling, a new big shipment has arrived somewhere and the kids that deal are getting them and it is going on. So it comes and goes.

But it is extremely difficult with a large school to find who is doing it. You have to go on tips and rumors you get. You get an idea that someone is doing it or some group of youngsters is doing it or there is a certain area where it is more apt to occur than others and you exercise surveillance over it with your security officers or vice principals or the teachers that are aware, if they are, and tip you off. And you try to chase it down.

We keep after it all of the time with what I call available success.

Mr. WALDIE. One final question.

It is such a new problem, essentially, I think, to this institution of education, that everybody is groping for answers and I don't think anyone understands precisely the directions. But has the security problem been one with which the schools really had little attention to pay in the past because security of this nature would not seem to me to have been present in the educational institutions until recent years.

Is there now a profession or administrative direction toward security that is developing? Would it be productive, I guess is what I am asking, for the committee to really understand if security is partly the answer to this problem, what security systems have been most successful?

Mr. MILLER. At our school, were were granted a full-time security officer 2 years ago. This is the first time we ever had a person like that and this gave us a lot of extra help, a lot of extra time to the vice principal who had been doing most of it with his assistant. The person we happened to get was a former police officer, well trained, knowledgeable in all areas of crime.

He isn't just involved in this narcotics thing but other things, too. This has been a great deal of help to our professional staff. It has released them for other educational duties for one thing, and, second, it has given us a more knowledgeable person to carry out these duties.

Mr. Waldie. The reason for particular interest in that is it seems to me the ultimate result of our committee hearings is some sort of a recommendation that inevitably has to be that the Federal Government will assist in meeting the financial burdens of the solution, and it would occur to me if there is a security system that has been demonstrated as effective, that would be an easy area, compared to many others, to get the political support for financial contributions to this progress from the Federal Government.

I think the machinery already exists, such as the Law Enforcement Administration Act and others. But we really haven't heard any testimony as to what security systems there might be in terms of the different ones and which are the most effective, and that was the purpose of my question. I presume you were not prepared for that sort of line of inquiry. I was most interested in your comments and I gather there is agreement that a security system is clearly part of the answer to the problem we are all confronting.

Mrs. O'Flynn. Yes.

Mr. Burt. I think I would agree, too, with a slight hope that we would get trained people. We find that the people who are trained have a great edge on those who aren't.

Mr. Waldie. That would seem to me to be an essential requisite, not only trained, but trained in a unique situation, that there is no precedent for this sort of program in our past experience that I know of in society, and that is why I think it would be very valuable if we had some exposure to the type of security systems that have been attempted and we could perhaps make some determinations as to what security systems are most effective in schools with this problem.

Thank you very much.

Mr. Phillips. Perhaps, Mrs. O'Flynn, you could describe the conditions that existed before you say this improvement occurred.

Mrs. O'Flynn. Yes. Two years ago, I would say that we would have not less than one and sometimes four and five youngsters brought in under the influence of drugs to the health office every day. I would say at the present time, with the exception of yesterday, that we get maybe one or two a week.

Our absentee rate is extremely high. We run an absentee rate of between 20 and 25 percent and our school is 3,000 students.

Mr. Phillips. Is it also higher just before weekends?

Mrs. O'Flynn. We have a 3-day week at our school. It is very high on Monday and very high on Friday. It comes down to Tuesday, Wednesday, and Thursday. So kids take a 4-day weekend.

Mr. Phillips. Would it be fair to say that because of the absentee rate, and because of the extreme absentee rate on Monday and Friday, that the people might be taking drugs outside of school?

Mrs. O'Flynn. They could. Now, after I got into a discussion on these meetings and I talked to some of my kids who have been on drugs in school and I asked them if a lot of kids who were absent were absent because they were using, and they said, "Yes." And many of them are not coming to school at all because they are too busy at the drug scene.

Mr. Phillips. Would you regard that as an improvement?

Mrs. O'Flynn. No, but I don't know how many. I would say from what we are seeing in the school in the last year, it is much less than what I saw 2 or 3 years ago.

Mr. Phillips. This is a very, very hard question and perhaps you can only give a "seat of the pants" estimate, but what was the percentage of youngsters before, and what it is now, who are into drugs?

Mrs. O'Flynn. Gee, that is a tough question. We just became a 4-year school. We were a 3-year school for a long time. I am trying to think how many kids we had when we were a 3-year school. About 2,100 kids, and say we saw two a day, that is 10 a week; 20 weeks, that is 400 kids in a year out of 2,100.

Mr. Phillips. That actually had a serious problem?

Mrs. O'Flynn. That was bad enough that they were brought in to me.

Mr. Phillips. In other words, they were stoned?

Mrs. O'Flynn. Right.

Mr. Phillips. What about the kids who are taking and maintaining?

Mrs. O'Flynn. Right. There are many just floating and nothing is done about it. Also, now I heard the youngsters talk this morning about many of the teachers saying nothing and doing nothing. Many of the teachers are afraid these kids are going to get busted and thrown in juvenile hall or something like that.

Mr. Phillips. Wouldn't that be the result in a security system? What happens then?

Mrs. O'Flynn. No. Security doesn't do anything like that. Not at our school.

Mr. Phillips. What do they do?

Mrs. O'Flynn. If a youngster is high, the teacher may call the office and the security will go out and bring the youngster in to me and I make the parent contact. If the youngster is unconscious or very near being unconscious, I have to call an ambulance and there is an automatic police followup on that, and there is a booking. But if the youngster does not go out of the school by ambulance, there is no record on it.

Mr. Phillips. Assuming that the child can make it on his own, or you let him rest for awhile and the parents come down and take him home, he doesn't have to be hospitalized or arrested, what happens to him now? Does he go back to the school the next day?

Mrs. O'Flynn. No. He must come in when he is straight, with the parents, and we have a conference and I talk to the parents about a recommendation for a referral, either in our rap room, if we have room enough, or over to county mental health, or we have several other community organizations I refer to.

Mr. Phillips. What if the kid doesn't do any of those?

Mrs. O'Flynn. Usually, then he finds himself in trouble again and we really start putting pressure on them but usually the second time around, they transfer them to another school.

Mr. Phillips. In other words, just transfer and transfer him again when he gets in trouble there, and keep transferring him?

Mrs. O'Flynn. Right.

Mr. Phillips. I don't see how the security is any benefit if you don't do anything after you apprehend him.

Mrs. O'Flynn. Security is there primarily to keep the drug problem down and also we have other problems like guns on campus and things like this. They are involved in this sort of thing. We have burglarly and thievery and cars set on fire, and all of these sorts of things, and they are involved in this, too.

Mr. Phillips. You say to keep it down. When you say, "keep it down," would you describe what you mean?

Mrs. O'Flynn. We have two security officers. They are circulating, they are in the rest rooms, they are in the isolated areas of the school, behind bungalows. They are on the lunch court at noontime. The kids see them and they decide maybe it isn't a good place to make a sale, maybe they had better cool it for awhile.

Mr. Phillips. You have more than one security officer?

Mrs. O'Flynn. We have two.

Mr. Phillips. Mr. Burt, could you comment on the extent of the problem as you see it at your school and what you have done about it in your own way?

Mr. Burt. I would like to go back to what Mr. Pepper was speaking about earlier, about an administrator who is really forward looking and wanting to do something and over the years has done something. I have been fortunate to be in such a school. And with the support of my administrator and the faculty, and I think the students and parents, we have had an ongoing program since the school opened, which is really a split-off school from Dorsey.

I was at Dorsey before.

But our program really is a group counseling program; we call it a counseling center. It doesn't center itself entirely in drugs, but we have certainly done all of the things we have talked about today—teacher education, parent education, groups, crisis intervention, relations with other outside agencies, county mental health and so forth. But it has been with the support of the administration and the whole school there, to develop this program and keep it going at the expense, perhaps, of some other things.

In other words, there has been no funding over the last 3 years, but the teachers and the students and the parents said, "Let's keep this going." Crenshaw is not necessarily unique. There are a couple other schools that have done this in the last couple of years, who now have a counseling center like I have, which the kids developed.

Mr. Phillips. You say you don't have any funding?

Mr. Burt. No funding.

Mr. Phillips. How are you paid?

Mr. Burt. I am paid like the regular counsel. It comes out of the regular counseling teacher load of the school. In other words, teachers have one more kid per class or a third of a kid per class.

Mr. Phillips. What your principal has done, he in his own decision has decided——

Mr. Burt. He wouldn't do it without the support of the faculty and the community.

Mr. Phillips. There has been a decision to take one person, a teacher, away, or take a guidance counselor away, eliminate that job and have a drug counselor?

Mr. Burt. Right.

Mr. Phillips. Because of the drug problem?

Mr. Burt. Right.

Mr. Phillips. Could you give us a rough estimate of the size of the drug problem, percentagewise or some other way?

Mr. Burt. I would like to make this comment from what I have heard today. It seems to me what is happening, at least in my school, is that the kids are using and not abusing so often. That it has kind of gone underground but they are being more cool. Certainly, there aren't as many kids who are taking barbiturates in school.

They may be taking them outside and probably not so frequently.

Mr. Phillips. There may be more children into it but less of it?

Mr. Burt. More into it, probably. It is much more acceptable today and it is quite acceptable. I would say 90 percent and I asked quite a few kids, and I know a percent of the kids at least have tried pot or weed, or have no particular objection. About 25 to 30 percent might, if the opportunity arose, use it on campus. I don't know what other statistics you want, but I think it is getting cool rather than getting less. And there are less times when it is a crisis.

Mr. Phillips. Would you say, after marihuana, the next drug of abuse would be uppers or downers?

Mr. Burt. Downers. Reds. Mostly the amateur kids, ninth grade, show up.

Mr. Phillips. All of the way down to the ninth grade?

Mr. Burt. We have ninth grade now and I think it is down to the sixth grade. A kid in my group this morning said he started on reds when he was in the fifth grade. That is an exception, maybe, but still it is happening.

Mr. Phillips. Mr. Miller, perhaps you could tell us about the drug problem in your school and what you did about it.

Mr. Miller. Thank you for inviting us to come down and appear before you.

I am principal at Monroe High School in the central part of the San Fernando Valley. We are a very average middle-class middle-income, white school mainly. We are the largest school in the Los Angeles School District. We have 3,700 students now, grades 10 through 12.

At the time that we began to have the tremendous drug problem, about 3 years ago, we were 4,500 youngsters.

The thing that is interesting about our program is that we had the same sort of things Mrs. O'Flynn has described to you here of students appearing under the influence of drugs. And when I say this, I mean mainly barbiturates or reds, because this seems to cause the most notable sort of symptom. And we were finding students under the influence of drugs, we were bringing them in and transferring them to other schools, we were having them arrested, taken down to the police station and booked.

We would find many of the students we were talking to were youngsters that had had no problems in school whatsoever as far as we could tell. They were not attendance problems, scholastic problems; they were not behavior problems.

Mr. Phillips. Apparently the policy in the school system was pretty much that when the child appeared to be under the influence of drugs, he was busted, as they say, or arrested. Since that year—or

2 years ago—there is a new policy giving some discretion to the school staff. If they feel this child might be better sent to his parents, there is no arrest. Is that correct?

Mr. **Miller.** It depends. We still arrest them sometimes. It depends upon what we determine to be the extent of their involvement. Most of the time we will call the parent, tell them they should come get their youngster as it appears he is under the influence of drugs.

We are very careful. We say, "appears to be," if there is evidence that he is not behaving in his normal way. And sometimes the parents, when suggested, are aware of it. Sometimes they are not.

Mr. **Phillips.** What is their reaction when you tell them?

Mr. **Miller.** Most of them are very cooperative in our school. Sometimes you get someone who is pretty belligerent—"My child never uses drugs and you are mistaken," and so on. This happens every so often and usually when you find this happening, there is very good reason in our mind to think the parents are very much aware of it and are acting defensively and they are getting after us about it. A few of these instances makes us pretty careful about how we state what our suspicions are.

Mr. **Phillips.** What I am afraid happens too often, Mr. Miller, from what we have heard over the rest of the country, is a number of those incidents deter principals, vice principals, and teachers from getting involved. They get enough flak from one or two parents and they decide to let the kid run around stoned; it is better than getting involved in a fight.

I am happy to hear you haven't given up on it at your school.

Mr. **Miller.** No, we haven't given up; and if I knew all of the things that happened in our school and what everybody on our staff did, I would be kidding you on what was going on. This whole drug thing is underground. It is clandestine and none of us really know.

You ask the percentage that are on it and we don't really know. We are sort of guessing. We go by intuition from long years of working with kids. We go by the signs we see. We know when kids act markedly different as individuals and in groups, there is something that can't be explained by the experience we have had in the past, and we assume there is this involvement.

Mr. **Phillips.** A number of the school districts here in California have conducted surveys and they conduct them annually with the purpose of determining whether or not their drug problem is increasing or decreasing; whether or not it is going into lower grades, so they can attack it intelligently. Has any survey, to your knowledge, been conducted of the Los Angeles City School System?

Mrs. **O'Flynn.** You mean a survey of the students by the students?

Mr. **Phillips.** Yes.

Mrs. **O'Flynn.** Oh, they are very unreliable. Kids who have never used will tell you they drop five reds a day.

Mr. **Phillips.** Excuse me?

Mrs. **O'Flynn.** There is a status thing to this. They are very unreliable.

Mr. **Phillips.** If you aren't aware of these studies—apparently you aren't—they are being conducted by health departments all over the country. They have been verified.

Mrs. O'Flynn. They are not in the schools. They are not surveys by the students.

Mr. Phillips. They are surveys by professionals who come in and survey the students and interview them to verify them. They check them out and compare them with surveys in other parts of the country, and apparently they are reliable. The only reliable information we have.

Do you have any other more reliable information?

Mrs. O'Flynn. No, but I remember when I was doing my master's, I was doing a survey on youngsters in drug usage and it was completely exaggerated. The kids told me there is a status symbol to this sort of thing and they would like you to believe they are much more sophisticated than they actually are, many of them.

Mr. Phillips. Do you know of any such survey?

Mrs. O'Flynn. No, none done by any health department or anything like that. I know some that have been done by teachers.

Mr. Phillips. In this system?

Mrs. O'Flynn. Yes.

Mr. Phillips. They did it on their class or something?

Mrs. O'Flynn. Yes.

Mr. Phillips. Do you know of any such survey?

Mr. Miller. We have had the same experience. Some of our health teachers in our health classes, where we do most of our drug education, have made surveys or sent out questionnaires. At one time we surveyed the entire school and I agree with Mrs. O'Flynn, I don't think you can take the data you gather at face value.

It seems to me, if we will accept the thesis that we are in a drug culture, that the youngsters who use have a certain status and a lot of youngsters who don't use at all, or use very little, will act as if they do. And I think this is one of the dangers of the whole thing, those that are using can cover up because they are accepted by it, or maybe even looked up to by those who don't, for whatever reasons that they are doing.

Getting back to the point here, do you want me to describe our rap room here?

Mr. Phillips. Yes.

Mr. Miller. Because our program is sort of unique in a way and I think there is a pattern there that has application anywhere.

As I described to you, we were arresting these youngsters and packing them off to the jail, and kids that were really no problem. We look at them and say, well, why is he doing this? The first question is, why does a kid come to school stoned? This is just an obvious thing. Back in the good old days when beer and wine were the only things available, the kids never came to school smelling of wine or beer, or else we would pack him off to jail the same way. And it was usually a fellow who was sort of a problem anyhow.

But these kids were not that sort. We realized that what we were doing was not getting anywhere. It was not solving the problem. It wasn't helping. It was simply creating problems for the youngster and for the family and we sent them to some other school. From this, we are talking around our vice principal, our PSA worker, Mr. Lane, sitting right back there. And he has most of the credit for our rap room.

Chairman PEPPER. Stand up, if you will, please.

Mr. MILLER. And Erving and I had talked some, we should have some place where a kid could go when they were under the influence of drugs, because, sure enough, during the day sometime some were reporting and we would have a problem of getting in and getting the police in and getting the parents down and the youngster would have a record against him, and not solving the problem either.

We began to have meetings led by our vice principal, Mr. Larry Foster. We had youngsters come in. It was a voluntary thing and some of the youngsters on this committee were actually active users. We had our school nurse involved, we had community people involved, including our PTA president and members of our community advisory council.

We met first off the campus in a church of one of the interested people. One of our ministers became concerned. He began to see this drug thing showing up in youngsters he was counseling. One of our local people who was also a juvenile court referee was interested. He saw the drug thing showing up in the youngsters he was dealing with.

We had from time to time during these meetings—and they went on for about 3 months, probably 18 or 20 meetings—we had the various people from the police, probation, come down. The head psychiatrist at our PTA clinic came down and showed interest. There was interest at the board level downtown, Dr. Rich, our doctor in charge down there.

We went around—what would we do about this—and we thought we would try to form a room for youngsters to come to discuss this problem and we wanted to use a man who had had some success locally, who was an ex-drug-addict, and very knowledgeable, seemed to be, and able to work with youngsters, and we want to hire him. Well, as you heard before, the same problem, we had no funds. This man being a felon, he couldn't be hired anyway because of the regulations for hiring people.

Yet we wanted to do something. We finally decided to open a room and I found a room we could use, where we could just take a regular classroom, take the furniture out and try to arrange it some way for the youngster to use. We decided to open it with Mr. Lane, who was our pupil services and attendance supervisor, instead of him going out and doing his regular work and visiting kids and finding out the truant, and he was finding drugs were involved anyway, to put him in there and to also staff it with teachers who would volunteer their time from their conference period and perhaps get outside people to give some time.

Once we got into it, some of the interested kids, happened to be two or three youngsters in our drama class, designed this room. They put up some screens and built a little platform. Later on, the next year, Mr. Lane promoted some carpeting and a couple of air-conditioning units. We got some kids to bring in furniture, kind of old and tattered, but it was different.

The whole room is a very atypical room in terms of the usual classroom, or the usual counseling office.

We opened up that first semester with Mr. Lane. That fall our supervisor of pupil services and attendance transferred to our school a woman who was very knowledgeable and very successful in dealing with girls.

Now, in this district, the PSA workers are assigned to schools mainly on the basis of population. We had a man and woman assigned there about half time. They also had elementary schools in the area which they also serviced. Our use of these people was to take them from their regular rooms and put them in the room. They went in there about 10 o'clock in the morning, just before our nutrition period, and then the third and fourth period, and through the lunch hour. This was about 3 hours during the schoolday.

The rules of the room were these: A student could not come to the room, obviously, under the influence of drugs. We knew some were coming in on what we call maintaining, which we mean they maybe had their pill or two but it was not that noticeable, they are still able to articulate, able to talk, able to function.

They had to be referred by a teacher. We had two meetings, before we opened the room, with the staff proposing this idea.

And, by the way, to go back a bit, before we actually opened the room, we went to the community advisory council, pointed out the danger of this program, pointed out the fact we weren't sure of the success of what would happen, saying the situation was so bad, so many youngsters using drugs, we had to take some sort of action. They voted 22 to 1 to go along.

One person who did not want to was concerned about the fact that perhaps parents weren't made aware of the problem. They were opposed to the use of the drug addict. The opposite position was important because sometimes the things they point up are real honest pitfalls in the program.

We listened to her, too, some of the things she had to say, and conditioned some of our restrictions. The only records we kept in the room were attendance records. If the teacher said, "Did so-and-so come down?"—we say, "Yes, he signed in."

As Mrs. O'Flynn pointed out to you, this is absolutely necessary. The youngsters say anything in there, use any language. No reference is made about his involvement with drugs or any other problems he has. We do not keep any records. We have no report of how many kids we saw, for what reason, or what.

We then began to have the word get out. One of the things about it, the very fact we started some sort of facility to help kids, encouraged other kids. It was a positive thing on the campus. The room quickly became a haven for youngsters having problems.

Some teachers tend to dump youngsters in there. We find that out and go back to them and bring this to a halt.

As time went on, we had many, many schools coming to see what we were up to. We had visitors throughout the county. We have two groups coming in next week to visit the school.

We were able to put Mr. Lane and his assistant in there most of the time. You need trained personnel. These two people had 10 years' experience, were very knowledgeable. We referred many youngsters to the mental health clinics or other community agencies deemed appropriate.

Mr. **Phillips.** You got no money to do this, just moonlighting?

Mr. **Miller.** We bootlegged this, in a sense. We were taking it out of funds we had, the people we had. We had to have two very knowledgeable people and we used them this way as our choice.

Many youngsters began to find ways of getting out of it. We found right away two or three conveniences. First of all, the decor of the room to break down their reserve and we would get to their discussion of the problem quickly. These were all self-referred people. They would come and say, "I have a problem." They would come down, kind of hang around. We had informal groups working.

We quickly found some of our own students were very effective. Classes in the nearby university, California State University of Northridge, would use the room as part of their fieldwork and we found some of these young students were very effective working with our people. We had a parent from time to time who would come in and help.

Probation officers would come down there and meet some of the youngsters on probation in the room. Some regular school counselors began to see this as kind of a competitive situation. They began to gain some of the skills and insights, use the room for groups, interviews, and to spend more time dealing with the problems young people manifested.

I am not sure—the drug is like the chicken and the egg—which comes first, the problems and then the use of drugs or do they use the drugs and then get the problems? Which came first? They are intertwined. We find and believe rather strongly in a broader solution to the problems kids have, for whatever reason that kids have, as they are growing up and turn to drugs because they have confusions or emotional problems which come from perhaps some sort of family problem or the general condition that has been nationally with the war and racial problems and so on.

The climate is difficult for young people and the drug thing has come up, partially——

Mr. **Winn.** May I interrupt right there?

I heard the expression a few months ago—and I think I know what they are talking about—but the statement was made, they think a lot of young people have a hangup about their hangups.

Mr. **Miller.** Sometimes I think we talk too much and make more of it than we should.

Mr. **Winn.** They seemed to this morning. They all talk about their problems. Every student group, or group of former users and addicts that we have interviewed, has always talked about their problems, and it seems to be a big thing with them. This group, of course, supposedly is no longer on drugs—I guess they aren't; they say they aren't—but some in the past we interviewed are still on drugs and they always talk about their problems and their hangups. Maybe that statement, "They have a hangup about their hangups" might be true.

Mr. **Miller.** There are all kinds of people, too. We find in relation to some groups, as you get a group of youngsters working with one of the two and the students from the university and the kids will say, "We have already gone over that. Let's get away from that," and you have it settled. You are right.

Mr. WINN. What are we going to do after the war is settled? What is going to be the general hangup?

Mr. MILLER. Let's kind of cross the bridge we have now. We have to handle what we have. I am sure there will be something. Humanity never has had a smooth course.

Mr. WINN. What are we going to do after the war is settled? What is going to be the general hangup?

Getting back to this, our success has been due to two or three facts. The self-referral thing is pretty important in getting the youngster squared away. The confidentiality: they feel that they can never trust any adult in the room. In the room I was a principal and would be called by my first name. However, I can't get down too often. I managed to get involved with some of the kids and found in that room and that atmosphere, and that context, it is easy to become very close to young people and have them talk with you, and I think this is part of the answer—being the kind of people who can accept young people, who can talk with them, listen to them, not make judgments because he uses bad language, because he is involved in something he shouldn't be involved in, therefore, you exclude him from polite society. That he has some value and some worth and you need to work with him and help him get squared away.

Mr. WINN. Do you get the impression they cannot talk with their parents on any of these subjects?

Mr. MILLER. Yes. One of the things we saw is they would not tell the youngster's parents about his drug use because kids consider this a bust, like calling the police. We immediately changed our whole direction and found out two things.

First of all, drugs weren't the problem basically. The second, the problem became, "How do I tell mom and dad?" Once we told the parents, it might take 2 weeks. How do you tell mom and dad?

Mr. Lane and Mrs. Munn would go down at night. They would get calls on the weekend to bring the parents to school. Whatever the youngsters decided would be the proper way, we do it that way. And most of the time, there was understanding and help. And this broke the big dam right there, the very fact the kids found mom and dad weren't going to take them out and shoot them because they were involved in a serious problem.

Mr. WINN. We have run into young people who said they could not communicate with their parents and turned right around and said, "Have you tried?" And they don't seem to really have made the effort. I get the feeling a lot of them think they cannot communicate with their parents and thereby don't make the attempt to communicate and they all go to school and talk about, "We can't communicate with our mom or our dad."

Mr. BURT. I really believe that many kids cannot speak to their parents or their parents won't listen. The problems they have, or they are on drugs themselves, makes it hard for adults to break through to communicate.

Mr. **Winn.** I don't think there is any doubt that some can't. But my point was, we asked some, "Have you tried?" And they really, very few of them said strongly, yes, they had.

Mr. **Burt.** We asked them, too.

Mr. **Miller.** All of these things you do, this is the first thing you do when you bring in the parents. No matter who the parents are, our judgment is they are still the parents. Studies show the kids do better—well, when the student is not very effective in a foster home, you deal with the parents eventually.

We found youngsters in there who weren't involved in drugs. We got a pregnant girl. Every September we get a half dozen of those. How do you tell mom and dad? We helped them through this.

Back to telling parents: Sometimes the parents didn't get after the kids, but they weren't effective in helping the youngster either.

Mr. **Phillips.** I think you pointed out to me earlier you felt the room was successful, the children had come back to you and told you they really made some progress in eliminating drug abuse as a result of participation.

Mr. **Miller.** The last person I saw as I left to come down was one of our stars. I said, "Hey, Cathy, I am going to talk to some Members from the House of Representatives about the rap room. Is it any good?" She said, "Yes." That is about as articulate as she gets most of the time. This youngster was really down. We have learned she is determined to graduate, she is determined to go to a training school. She stayed off drugs and helped a younger sister with drugs. Her parents weren't supportive.

She said, "Yes; Mr. Martin in the rap room got me off the hook."

Mr. **Burt.** One of the things that happens in this kind of situation that we are talking about, rap room, or council center, as we call ours—by the way, all of these group-shared ideas, use of ways to determine programs in the last 3 or 4 years—but the thing it seems to me might be most effective for the change of lives of students is peer pressure, which can happen in a peer situation where there is an atmosphere and acceptance on the part of the adult and those kids can really grapple with what is bugging them.

If you can get that to happen you are getting at it. We have had success, which I believe we have with drug abuse or kids. There was a young man here yesterday who was saying this was happening. It is because they had that peer pressure. My feeling would be we have more of this. We have counselors or trained people within the schools where the kids are. We could use in our school a roving counselor. I call them a hall counselor. I would really like to try it.

We could use a street counselor outside, which I am, and the other people are interested in, as kids and counselors in our school. A roving counselor or street counselor. That approach to funnel them into places where they can get support and help through peer pressure and acceptance and jobs, whatever we can do for people.

Mr. **Winn.** You are talking about a counselor type of individual more than a guard type?

Mr. **Burt.** Yes; absolutely. To get the cause, there must be a counselor.

Mr. WINN. We heard this morning that the drug users there run around in gangs inside the campus, school, inside the halls, and if they see a guard or someone of that type, even a teacher, they just come right at them like a football team. So they are afraid for their lives—or they beat them up or run over them physically. There are so many, they can't remember who they were.

Mr. BURT. We have had some, but it is not widespread yet.

Mr. WINN. I don't think it is widespread.

Do you think the students seem to have their own law of the jungle, so to speak? They don't seem to squeal on each other. They won't tell who is pushing.

Mr. BURT. There are somethings like that. The law of survival or something.

Mr. WINN. If somebody would turn a list in to the principal of people that are known pushers or sellers in the school, I am sure somewhere along the line that kid's life is going to be at stake, very, very shortly, one way or the other, if I am reading it right and I guess that is why. But I can't understand why the large number of apathetic students that we had for quite sometime were not users, they knew it was going on, all of a sudden began not to, they didn't organize in any way. They sort of stood by and let it happen and let the peers push more into it than out of it—into the usage of drugs. It is too bad because that large apathetic group could probably have pretty much stopped it.

Not stopped it, but really slowed it down. But instead they got caught up in it, a percentage of them.

Mrs. O'FLYNN. I don't think anyone feels he is pressured into using drugs. Nobody who is selling in school has any problem selling. They don't have to give you a sales pitch. Kids who are going to buy are going to buy and I think the kids who claim they are not using have an attitude that is his thing, it is not my thing, and just ignore it.

Mr. WINN. I am talking about the ones that have told us, we were sitting around after school and all of them were smoking pot and I was the only one, and they called me a spoil sport, we don't want you in our group, and almost forced them in there psychologically, or leave them out if they don't try it, at least. We have had people tell us that is why they did it. I don't know. But that is what they told us.

Mrs. O'FLYNN. I wish we had someone full time in our schools. When you get someone in Monday morning who is agitated and wants to talk to somebody and you have to say wait until 10 o'clock on Wednesday, you might as well forget it, because by that time he has solved it one way or the other himself.

Mr. WINN. I am partially being critical here because I have not heard in many of the six hearings we have had—and I am sure there are examples, but we haven't heard of them—where sending kids from school to school has done any good and you just say you have done it.

It is like the Army saying, "If you get a guy on heroin, get him out of this unit, send him to some other unit." That doesn't help them.

Mr. MILLER. We don't do it any more. Most of the time now, if we have youngsters under the influence, we get into a clinic to find out the extent to which he is under the influence. We don't know if it is going up or coming down.

Mr. Winn. I am afraid, nationally, there is this deal among administrators and principals, whoever makes a decision, if we get five troublemaking kids here, let's get them out of our school and pass them on to somebody else, under the guise that a change of pace or social background will help.

As LaVon said this morning, her dad went off and checked all of the schools. I am sure he honestly was trying to find something to help that young lady. And she said in each case the schools got worse and worse as far as drug abuse was concerned.

Mr. Miller. We call it "opportunity transfers."

Mr. Winn. It is a good name but I am not buying it yet.

Mr. Miller. What we do now—these are less than what they used to be—we have the youngster come in with his parents. We sit down with the vice principal and the decision is made with the parents, what the parents and youngster think is a good idea. If it seems, because of the situation, because of the friends he has or whatever, if a transfer to another school is what they think will work, they will do it. We are no longer forcing the transfer merely for drug use.

Once we had a certain kind of involvement, which we insist upon because we think it is good upon the rest of our school, not so much for that youngster. You do it for two reasons. One, to help this individual or, second, there is a danger to the other students because of the one remaining in the school.

Mr. Winn. Do you know one case wherein transferring from one school to another school has changed that kid?

Mr. Burt. Yes.

Mrs. O'Flynn. Yes.

Mr. Burt. His associates he has been hanging around with, he probably wanted for some reason at that point to make changes and he happened to. Maybe the school was better for him. He goes to it.

Mr. Phillips. I can't understand the second theory. You say it is a good idea to save the school by transferring the child. Aren't you endangering the school you send him to?

Mr. Miller. Not necessarily. These are handled individually. We don't automatically send a youngster away any more. We have a youngster involved. We suspect they are involved in a selling ring. It is hard to prove all of these things. He is probably involved in some other things besides the drug situation. Not all drug users are just kids who come to school high.

Some of them have been arrested before. We get a copy of arrests for all of the county, picked up for narcotics arrests, marihuana possession, whatever, comes to us. So we have a little picture of their behavior or otherwise, plus their school record. I use the word "save" pretty broadly.

Mr. Phillips. When you do that, you are taking him away from his friends and the environment he is used to. You are encouraging him to drop out of school. You are creating a problem for the school you are moving him to and eventually he will probably drop out. All you do is help him to do it.

Mr. Winn. The kids we had this morning all moved from two or three different schools.

Mr. Burt. They were automatically alienated. They had a fresh start. They have a history of failure. Their chance to start in a new school may be better for them and I am sure it has happened.

Mr. Winn. It is worth the gamble, I guess.

Mr. Burt. There is nothing else you can do.

Mr. Winn. If you get kids like we had this morning, and they were typical of a lot we have talked to, they go into a new school, they don't know the people, want to become a part of it, and if the percentages of the users are 75 percent, they are going to go from using drugs in this school to the next school, or start using them again. Maybe we are serving a purpose.

Mr. Miller. The only thing we do, you go to the other school and you may come back if you have been able to stay clean, if you have made a reasonable record over there.

We also have now what they call a necessarily small high school, a continuation school, one built on our campus. Some of the youngsters who have the greatest trouble with truancy and poor marks and behavior and drugs, we send over there.

Mr. Winn. They referred to continuation school. I thought it was a separate school, the name of the school.

Mr. Miller. The rooms are located on our general school area, but it is a separate school. We have a head teacher and two other teachers and a clerk.

Mr. Winn. What you are doing is kind of like a prison. You are throwing bad eggs over into one building.

Mr. Miller. I don't like your terminology, Mr. Winn, prisons and bad eggs. They are students who have special problems. We generally put in people, pretty knowledgeable about youngsters, who can work with them a different way. They work with them on an individual basis. They have small classes.

In our particular case, the youngsters we are referring are doing much better there in terms of attendance than they were in the regular school.

Mr. Winn. That isn't the impression I got this morning from the testimony about how successful continuation school was.

Mr. Miller. I am talking about our school.

Mr. Winn. Continuation is the one where they said one of the teachers was smoking pot. That was the school, wasn't it?

Mrs. O'Flynn. The boy did say continuation.

Mr. Winn. I am supporting the boy.

Mr. Miller. All I know is about Monroe High School.

Mr. Wiggins. Mr. Miller, do the teachers in Monroe receive instructions on drugs or have they received it in the past?

Mr. Miller. They have. We had some general sessions where we had people come to explain what the drugs looked like. We had simulated material that smelled like the marihuana they burn.

Mr. Wiggins. Do the general students of the schools, not those identified with the problems, receive instructions in the normal course of their class activities at some point?

Mr. Miller. Yes. There is the 10th grade health class; also in biology and physiology it is brought up as part of the curriculum.

Mr. WIGGINS. Is it an accurate statement to say that at some point during their high school experience, all of the students are exposed to some instruction with respect to drugs?

Mr. MILLER. There is a graduation requirement that students must pass an examination concerning the dangers of narcotics, tobacco, and alcohol. So they have all been exposed to some instruction. They have to pass a test.

Mr. WIGGINS. We have a representative here of three major schools in the Los Angeles City School District—Monroe, Dorsey, and Crenshaw. Probably the schools population is 10,000 or thereabouts. I think what you just told me is probably true also with respect to Dorsey and Crenshaw; namely, that there has been some instruction within the framework of the school system to provide information to schoolteachers within a school.

It is also probably true that all of the students at some time or other have received formal instruction with regard to drugs. Also, there are programs to deal with special problems in the three schools we talk about here. We have, at least in two of them, special counseling under different names, and to some extent, Mrs. O'Flynn, that is also your task.

There may be a second program in Dorsey, much like Crenshaw, and Monroe for individual group counseling. Probably at Monroe and at Crenshaw, the school nurse is apt to be involved just as is the case in Dorsey in assisting with these programs.

We also draw from resources within the school district that may not be local to your individual school, in terms of psychiatric counseling. You talked about drawing also from other resources, such as college students who spend time assisting in your counseling program; the probation department is involved. Perhaps there are other city and county agencies which provide supportive personnel from time to time to your three schools in connection with your counseling program.

You described also an enforcement program of sorts on your campuses. You spoke of the need of having some assistance in that regard.

I think you haven't even mentioned something that is also present, and that is various community-based facilities not directly tied to schools, that largely are dealing with truly problem kids. The three gentlemen who preceded this panel had such an independent agency not directly tied to the school. It is in the nature of a supplemental resource for schools in this city and in this county.

All things considered, Mr. Chairman, we have heard testimony involving rather intensive efforts dealing with this problem of drug abuse in the Los Angeles City School System. I don't believe either one of the three witnesses would say it is totally adequate, but I think they would agree that it is inaccurate to say the school authorities have done little or nothing to combat drug abuse.

Would you agree?

Mr. BURT. I would. I say the three schools that are here, we are probably here because people came to us because we were involved in some kind of drug prevention program.

I know the neighboring schools; one has one group counseling program, one person. Another school I know does not—a high school. And

I don't think very many schools do. I think there are probably three out of the 30.

Mr. **Wiggins**. Mr. Miller, I would like for you to respond to that, too. Are you convinced your program is atypical? I am sure you communicate with other principals.

Mr. **Miller**. I think it was. We started the first rap room. This developed, as I tried to point out, because we saw a need to do something. It developed from people who were concerned and it was accepted by our people. And from that experience we have developed a certain understanding, certain philosophy.

We have been visited, and visited, and visited by other agencies and many students who wanted to put up rap rooms. We also cautioned them that this was our particular model. We did it for our needs. There were certain people who could do the job. It wasn't a "Let's go for a rap room" kind of thing. It just developed.

I think many schools have tried this and there was success, depending again on the people counseling. I think it has been successful. However, we are not hitting all of the people with drug problems in Monroe.

You mentioned the people attending and I want to say the probation people used our room to meet their people. Not that they came in and helped us in the whole program. The outside agencies didn't come to us so much as we referred youngsters to them.

They do not come into our schools with personnel to help out. They are just in the area, county health clinics or other agencies available, private as well as public.

Mr. **Phillips**. Could you tell us how many of your teachers are adequately trained to teach drug abuse?

Mr. **Miller**. If you talk about teaching about narcotics, we have on our staff about five people who teach. They are health majors.

Mr. **Phillips**. Have they ever received any courses themselves in drug abuse?

Mr. **Miller**. I don't know.

Mr. **Phillips**. There aren't 25 in the entire system who have that training; is that correct?

Mrs. **O'Flynn**. I know California State and Los Angeles have it.

Mr. **Phillips**. But how many of your teachers, Mr. Miller, have gone to a course recently to study drug abuse?

Mr. **Miller**. I think probably all of them, or to workshops. I am just guessing at this because our department chairman is an aggressive sort of person and has been active in the total program in health education, including teaching courses here. Here, again, I am just guessing. I don't know for sure.

Mr. **Phillips**. Wouldn't you know if teachers are going away, to take time off for workshop?

Mr. **Miller**. They haven't taken time off from regular duties. It is summers or workshops after school or Saturdays.

Mr. **Wiggins**. I don't want to leave the question unanswered about whether or not we have three schools out of 30 perhaps in the city school system that have programs dealing with drug problems and the balance with none. If you know, I would like to have you respond and if you don't know, that is a response.

Mr. Miller. I don't know. I know we have one. I know many schools have come to observe ours, both in our city system as well as other school systems in the county. And as to how many schools have a program like ours, I don't know.

Mr. Phillips. Is it fair to say there isn't one employee of the present school board who is a drug counselor?

Mr. Miller. Nobody I know has been hired and paid by board moneys for the job of doing drug counseling.

Mr. Phillips. No one hired to do a drug education job, either?

Mr. Miller. I don't know what you mean by that.

Mr. Phillips. A person whose specific responsibility is to educate in relation to drugs?

Mrs. O'Flynn. Only drugs, you mean? No.

Mr. Miller. No. It is part of a health course.

Mr. Phillips. The entire budget in the system is $30,000; is that correct?

Mr. Miller. Here, again, you say what is a budget. There have been moneys used for books, pamphlets, and materials concerning drug use. There are a lot of films available. If you inquire what they are, we will get them.

Mr. Wiggins. This entire program you describe is unbudgeted, is it not?

Mr. Miller. We have used our own inhouse people, taken some of our textbook money and bought these kinds of books rather than something else. This is the kind of decision principals make all of the time, anyway.

Mrs. O'Flynn. I don't know if these two gentlemen will bear with me, but I don't feel this is a drug program per se, I think of it more in the area of guidance. I see drugs as part of the program, but I see a much larger picture than just drugs. I think of drugs as only a symptom of larger problems. And when you start talking with these kids, you find the drug thing isn't what their big problem is.

There are many, many other problems and if they resolve their other problems, their drug problem disappears, if you can get them before they get on the hard stuff.

Chairman Pepper. In response to the questions of Mr. Waldie, you, Mrs. O'Flynn, indicated that the drug problem was diminishing in seriousness. I gave the figures, I think were accurate, to reflect a statement made by Dr. Jaffe that the number of heroin addicts increased from 315,000 in 1969 to 559,000 in 1971. There may have been a drop or increase since 1971, I don't know.

Do you all three agree that we still have a very serious drug problem in our schools?

Mrs. O'Flynn. Very definitely.

Chairman Pepper. Which, in your opinion, cannot be allowed just to cure itself without help. Do you agree to that?

Mr. Miller. I do.

Mrs. O'Flynn. I do.

Chairman Pepper. The second thing I want to say is that this is the most encouraging panel that I have heard in the numerous hearings in the major cities of the country, because every one of you has indicated the possibility in our school system, especially if you had a little help, you have all done it out of your ingenuity and maybe fortuitous circumstances, finding some people who could be helped. But there have been a lot of people in our hearings who suggested you shouldn't do anything in the school.

Well, I majored in education in college. I thought I was going to have to teach school to pay my way through law school. I taught school a year in the public schools of a city of 10,000 in Alabama, and taught a year at the university law school. I had great faith in the ingenuity and imagination and the capacity of the school authorities of this country.

They are the ones that deal with the young people of the country. They devise curriculums, they carry on administrative programs, they are in contact with all young people and are doing something about it. I have never been, for myself, willing to accept the thesis that this drug problem and the things that are related to the drug problem should be handled entirely outside of the schools.

There are undoubtedly other aspects of it, perhaps like the medical people. I am not talking about setting up hospitals on the school campuses, having your own thing. But the major aspect of the problem is largely dealing with these young people and they do respond, as all three of you have indicated here today. They do return.

Mrs. O'Flynn told about how in increasing numbers they came to her. She was the only one they wanted to come to. Some were referred and some came voluntarily. They established confidence in her.

The truth is, a large part of the young people who go to the schools of this country, many of them don't have parents at all to go to. Others don't have parents sympathetic to talk over things with and don't have anywhere to turn, largely, except to people on the school campus with whom they spend more hours a day than, you might say with conscious effort, than they do at home.

At home they are eating, looking at the TV, or something. Nowadays, apparently, they have little conversation when they go home. They study and then go to bed. But 5 hours or more a day they are with the school people.

Some of the committee members heard me say this before—if I ever accomplished anything in life or amounted to anything, I got it through a schoolteacher in the fifth grade and high school principal that meant something to me in terms of inspiration and motivation.

So you have confirmed my personal belief. In the first place, there is a crisis in education in this country. I hadn't been aware of that until we got around the country and began to see what the problems were in the schools. While we were holding hearings in San Francisco—one of my nephews is taking his Ph. D. at Stanford University and his wife is teaching school—and she told me, in the eighth grade, in one of those schools where she teaches, they have three classes of 25 each whose reading level is zero to three. From kindergarten to the third grade in reading.

And the seventh and eighth grade, four classes of 25 each whose reading level was three to five. How in the world are children like that going to carry on their studies and go on to graduate if they can't read any better than that?

I think we are going to have to change this categorical grant system that we have now, which actually did develop because that is the only way we could get money. The chairman of the Education and Labor Committee told me, "I realize this money is not as useful to the school authorities since it has to be given to students who come from families whose income level is below a certain figure, therefore, limiting the freedom of the use we have of it, but that is the only way we could get the moneys from the Congress."

But if we can give you more money, give you flexibility in the use of it, and give you funds to enrich your curriculums, you could afford more.

These children are crying out for help, as your rap room, and yours, and yours, have confirmed here today. They want somebody to go talk to about their problems. And if we have the right kind of personnel and the right kind of program right in the schools of this country, we could save numerable lives. Do you all agree?

Mrs. O'FLYNN. We really need the money badly. I did a rough estimate. We have eight counselors for 3,000 kids. And I did a rough estimate of how much time they spend with the students. Each counselor has 400 kids. They can spend 6 minutes in a semester with these kids. What can you do in a whole year if you see them for 1 hour in a whole year? This is the time they get for counseling.

Chairman PEPPER. The school system of Chicago, we held hearings there, and the school authorities of Chicago told us they didn't have a single counselor, drug counselor, in any one of the schools, and they are struggling to get the money to train 219 teachers in the whole Chicago system in the knowledge of drugs. So you can see the problem.

I just wish we had more innovative people like you. I wish everybody in the country could have heard what you said to us today. Maybe we will be getting you up to Washington sometime to testify before committees up there.

Any other questions?

We certainly want to express the thanks of the committee to you for this very fine and valuable contribution you made to our hearings.

Thank you.

Mr. PHILLIPS. The final witness was to be Dr. Hiawatha Harris. Dr. Harris was unable to stay. He had been recommended to us by Congressman Hawkins of California. Congressman Hawkins told us about Dr. Harris' extensive work here in the Community Health Center.

Dr. Harris has submitted a fine and detailed statement of the drug abuse that exists in his community. I request it be made a part of the hearing record.

Chairman PEPPER. Without objection, it will be received.

(The complete, prepared statement of Dr. Harris, above-referred to, follows:)

PREPARED STATEMENT BY DR. HIAWATHA HARRIS, MEDICAL DIRECTOR, CENTRAL CITY COMMUNITY MENTAL HEALTH CENTER, SOUTH CENTRAL LOS ANGELES, CALIF.

Credentials: Board certified in psychiatry and neurology; chairman of the Los Angeles County Mental Retardation Board; past vice chairman of the Citizens Advisory Board on Mental Health; member of the standards and accreditation committee of the Joint Commission for the Accreditation of Phychiatric Facilities; chairman of the neurology and psychiatry section of the National Medical Association; member of the executive committee of the Black Psychiatrist of America; member of Community Black Psychiatry for the American Psychiatric Association.

DRUG ABUSE IN SCHOOL-AGE YOUTH IN THE BLACK COMMUNITY

Mr. Chairman, committee Members and staff: It is an honor to appear before you to speak on the subject of drug abuse in school-age youth in the black community.

The facility that I represent has been directly involved in the problem of drug abuse youth of our community. We provide direct treatment for youth school staff on drugs. I feel because of the experience that our agency has had with the problem and our limited success, qualifies my staff and myself to suggest some solutions to what we feel is an epidemic problem. I would also like to remind you that we view drugs as a small symptom in the overall community problem that affects the residents in our area. We feel that drugs are only a manifestation of an apathetic and hopeless population seeking means to deal with the problems caused by racism and poverty.

My presentation will be basically an explanation of two successful programs operated by Central City Community Mental Health Center and one program that we are trying to implement. Central City also provides the full range of mental health services. Appearing with me is Ollie Crawford and Fred Horn, the implementors and prime movers of our most successful program, the anti-self destruction program. I would like to acquaint you with a few statistics of the South-Central Los Angeles area. This is a predominantly black area and sometimes is called "Watts," but it is not in the geographical Watts area. There is a tendency to refer to any area in Los Angeles where the population is predominantly black as Watts.

Population: 96.897 (1970 census); 120,000 (1960 census).

Race: Black, 90 percent; other, 10 percent.

Under 15 years of age, 37 percent.

Over 65 years of age, 11 percent.

	Catchment area	*Los Angeles County*
Median family income	$5,018.00	$10,870.00
Unemployment rate (adults) (percent)	22–40	6
Unemployment rate (youth and young adults (percent)	40–80	20
Percentage of houses deteriorated or delapidated	25	8
Median years of education	9.2	12
Juvenile arrests 1971	6,845	33,280

Some other interesting statistics in the area are that:

(1) The schools have consistently the lowest reading and performance levels in the county;

(2) 50 percent of the high school students drop out;

(3) 50 percent of the graduating seniors in high schools are performing below the 12th grade level, some are reading at only fifth or sixth grade level;

(4) Schools are double the capacity;

(5) Schools are "armed camps," everyone has a gun and seemingly are not afraid to use it;

(6) Teachers are unable to teach;

(7) Administrators are in mortal fear of their lives because of the threat of gangs; and

(8) Students join gangs in order to protect themselves.

With these conditions existing in a community, what would you do if you were living in such a community. The students are saying why not "get high" and "stay high." That way we will not recognize the failure of our parents and Government in providing us the skills to make us better citizens of the community and the United States. Why not drop out of school when to continue means a waste of time, what you learn will not prepare you for a job anyway. Why not become a pusher earning from $100 a week to $150, when the so-called legal jobs are not available and those that are only pay just above poverty wages. Furthermore there are no legal jobs for our older brothers and sisters or our mothers and fathers. Why not join a gang and terrorize the community because oftentimes that is the only recreation that we have. Why not go downtown and play fun and games with the merchants and the police especially since they say if we appear in more then two or three we are a gang and we are preparing to terrorize the merchants.

The statistics that I have presented are available through the U.S. Census. The other things that I have presented are words that either I have personally heard from the youth of our community or have been related by my staff members who are working with the youth in our community. The picture that I have painted is a very bleak one and represents a failure of our institutions to deal with the problems of our community. It would be easy for me to say that all is needed is more money and more programs or some of the other cliches that are used to handle the drug problem. It would be easy for me to say that what we need is more repressive measures such as police-like employees in the schools. It would also be easy for me to say we should identify the drug and prevent the manufacturer from distributing that drug. Our children seem to have a remarkable propensity of finding things in the community that they can get high on. The most current trip is spot remover. What I will elaborate is a small effort by our agency to deal with the problem. We have not been completely successful. We have not been failures. We have had some success because a few dedicated staff members work long hours at trying to alleviate the problem. They feel they must do something themselves and that no one from the outside will be as interested in working as hard as they. Two of them are here today.

Central City Community Mental Health Center is a comprehensive community mental health center that is funded by the National Institute of Mental Health, through legislation passed by Congress in 1963 and 1965. We must take a comprehensive approach to the problems in our community, drugs being one of these problems, must be part of our comprehensive approach.

Drugs are only one symptom of the many symptoms of a more malignant disease that our community endures. This disease is racism which produces the apathy, the hopeless needs and despair and death at an early age for the people who reside in this community. What we are witnessing in our youth is the early recognition of the conditions that we live in. They are more sensitive to the environment because they have not become desensitized by cliches and promises by our leaders which have not been kept.

In July of 1972 the Central City Community Mental Health Center was awarded the second largest drug grant in the country. The program is a comprehensive multimodality drug treatment program for hard-core addicts. At the present time our program remains relatively a drug-free program. We will later become a methadone maintenance program. Methadone, we feel, is as bad as heroin and our goal is to develop a completely drug-free treatment program. The drug program grew out of a ex-felon program. The community saw many ex-felons returning to the community with no programs to help them to adjust. The ex-felons themselves worked very hard to secure a half-way house and also to develop a drug program. In developing their drug program they saw many problems in the schools that you are investigating today. They decided they would serve as consultants to the schools, to tell students exactly where drugs lead them. They also shared with them their experiences in prison. They are able to deal with the students at their level for they are from the same community. Their consultations in schools, at assemblies, and on an individual basis have been very successful. They have received numerous requests to return and to have an ongoing relationship with the schools. This, however, is not possible because there is not enough staff and other matters have to take priority over the ongoing consultation in schools. I would suggest that a program involving and employing ex-felons who are interested in working in the community dealing with the problem of drugs in the schools would be a valuable rehabilitative tool for the person who is hired and would be a firsthand experience for students who are going astray. What I am suggesting is not new, but there seems to be a reluctance on the part of many to involve people who have come in contact with the law and who supposedly have paid their dues to society to have civil service employment.

The second program is the anti-self destruction program which was conceived and developed by two staff members who have lived in the community which we serve. They feel that the only way that the community and the child can be saved is for him to utilize the schools for the purposes for which it was set up;

that is, to obtain an education and all the knowledge that all the teachers and the rest of the staff have to offer. This program was designed so that the students themselves can take over, with the anti-self destruction leader returning on a consulting basis. This has been successful but cannot continue unless there is complete cooperation from the schools and the administration.

The same two individuals who are involved in the anti-self destruction program were also involved with the members of the street gangs. The reason for their involvement is because many of the students that they encounter in school were also part of the gang, they developed a respect for Mr. Horn and Mr. Crawford. This respect was gained primarily because they recognized Mr. Horn and Mr. Crawford as being "for real." Two individuals who were genuinely interested in them and dealt with them on their level. They arranged for a meeting with our staff and some of the gang leaders. In talking with the leaders it became very apparent that they were ready to become a part of the community. They spoke of being very adverse to being involved in homicide and also of being harassed by the police. They fully recognized that the harassment of police was a direct result of their prior behavior. They said that they would like to prepare themselves to become useful citizens to the community. They expressed a willingness to participate in the planning and the implementation of any program that would deal with the items that I offer below:

1. A meaningful job training program;
2. Jobs with income which will allow them to live above poverty level:
3. A program that will give them a sense of dignity, pride, and respect not only for themselves but for the community;
4. Personnel who are interested in them and helping them to become useful citizens. People who will take them where they are and attempt to bring them up to the level of competence to compete in the outside world; and
5. An alternative school situation that will be much different from the poverty program and job programs that they have been involved in previously.

Many of these students have been involved in all of the poverty programs, Job Corps. WCLAC, STEP. NYC. and many other programs. This is not to say that these programs are bad, it is just to say that the students who participate in these programs did not come out with a salable skill. Any program that we develop now must insure that the student who completes the program will be able to become employed either in the community or outside the community.

We need not only legislation but we need sensitive administrators and policymakers to change their methods of doing things just a little. Some control must be returned to the community so that the youth and their parents can feel that they have some control over their lives. Presently the control is centered at 450 North Grand and the Glass House on Los Angeles Street—education administration and police administration.

Mr. PHILLIPS. That concludes the hearings for today.

Chairman PEPPER. The committee will adjourn until 10:15 tomorrow morning.

(Whereupon, at 5:25 p.m., the committee adjourned, to reconvene at 10:15 a.m., on Saturday, December 9, 1972.)

DRUGS IN OUR SCHOOLS

SATURDAY, DECEMBER 9, 1972

House of Representatives,
Select Committee on Crime,
Los Angeles, Calif.

The committee met, pursuant to notice, at 10:30 a.m. in the Board of Supervisors Hearing Room, Los Angeles County Hall of Administration, 500 West Temple Street, Los Angeles, Calif., Hon. Claude Pepper (chairman) presiding.

Present: Representatives Pepper, Waldie, Murphy, Wiggins, and Winn.

Also present: Joseph A. Phillips, chief counsel; Michael W. Blommer, associate chief counsel; Chris Nolde, associate counsel; and Leroy Bedell, hearings officer.

Chairman **Pepper**. The committee will come to order, please.

Ladies and gentlemen, we are proceeding with our second day of hearings here in Los Angeles County on the subject of drugs in the schools.

This is one of a series of hearings that we have been having on this subject, beginning in New York City and then continuing in Miami, Chicago, San Francisco, Kansas City, Kans., and now Los Angeles. We have selected these outstanding cities in representative parts of the country to try to get an accurate picture of the national situation in respect to drug use and possibly abuse in the schools of the country.

Mr. Phillips will please proceed.

Mr. **Phillips**. Mr. Chairman, in the course of our inquiry here in Los Angeles, we met a drug coordinator, Virgil Patterson, a history teacher here in the Los Angeles School System.

Mr. Patterson, who was an all-American basketball player at the University of Colorado, has done a remarkable job with youngsters in creating programs which are alternatives to drug involvement. Mr. Patterson's group has requested to appear here and demonstrate some of the things young people can do as an alternative to drug abuse.

I asked Mr. Patterson to come forward with his group and, if he would, demonstrate for us some of the activities he has completed in his school program.

Mr. Patterson, could you come up and just say a few words to the committee, please.

STATEMENT OF VIRGIL PATTERSON, HISTORY TEACHER AND DRUG ABUSE COORDINATOR, HOLLENBECK JUNIOR HIGH SCHOOL, LOS ANGELES, CALIF.

Mr. PATTERSON. I would like to tell you about our program. In Hollenbeck, I feel we have quite an extensive program—maybe I am a little prejudicial about this—but I feel it is the best program in the city of Los Angeles. Our boys and girls have tried very hard to do a job, and they have had very little opportunity to really express themselves.

We have 20 afterschool clubs that we work with in our drug abuse program. And, just naming a few of them, we have a guitar club. We have my choir. We have a judo club. We also have a stitchery club. We have a folklore culture club, basically folk dancing. We have a boys' athletic club along with the girls' athletic club, which works in conjunction with our youth services program.

On Friday nights, we usually hold a dance—sports night—where we have 400 to 500 students. At sports nights we dance, play games, watch TV, and have sodas, cookies, popcorn, and candy.

And as far as my choir is concerned, I feel that it is one of the highlights of our program. We meet every morning at 7:30. We rehearse every day after school. We rehearse every Saturday morning over in Hollenbeck Junior High School at 8 o'clock. I brought just a portion of my choir this morning. I have 250 young people who are involved in singing.

And in our drug abuse program, we have out of a student body of approximately 2,300 students, about 1,300 students involved.

I think this is an alternative program that has really served the community and is definitely helping our young people. I feel that young people need something to sort of stave them away from the use of drugs. I think that if we can get more young people involved, and maybe more older people involved helping the young ones, we can really do something for them.

Maybe this is not the right time to say it, but we need funds, too, in order to do this. I have been reading the paper and have noticed some of the things that have been said. I am deeply concerned about what is happening to our young people. I know that at my school something is being done for them. I can't speak for what is happening at other schools. I can't speak for what other administrators or other educators are doing. I can only say what we are doing at Hollenbeck.

Danny Salas, the young man that testified yesterday in our behalf, Danny Salas and I work with these young people. We have rap rooms where we sit down and talk to the kids. They come to us with problems, and I think they feel they can trust us and that we are their friends.

We also have 10 mini courses where drug abuse education is taught. This is to seventh graders just this year at Hollenbeck, but we plan to extend our program through the eighth and ninth grades if we can get enough facilities to do it. We have 10 teachers, five of which are science teachers and are well versed as far as drug abuse is concerned. The other five have attended inservice training meetings where I have tried to give my knowledge of the use of drugs and the abuse of drugs, and I think it has been very helpful to these people.

I really thank you for the opportunity to talk to you today and to bring my young people down. If you ever have an opportunity, I would like for you to just check in with us and see what is going on over at Hollenbeck Junior High School. I am sure you would be greatly impressed.

Mr. PHILLIPS. This is the same program Mr. Acevedo, Mr. Morales, and Mr. Salas told us about yesterday?

Mr. PATTERSON. Yes.

Mr. PHILLIPS. The one funded by NIMH and other agencies?

Mr. PATTERSON. Yes.

Mr. PHILLIPS. At least in this particular situation, the money the Federal Government is spending on drug prevention programs seems to be working constructively.

Mr. PATTERSON. Definitely.

I appreciate it very much. Thank you.

Chairman PEPPER. Mr. Patterson, we wish to thank you and all of the young ladies and gentlemen who delighted us this morning with their choral singing. We want to commend them for being a part of this program and getting away from drug abuse and becoming the fine people that they are capable of being.

We want to commend you for leading these young people toward the sort of lives they will enjoy.

Any members have any questions?

Mr. Waldie?

Mr. WALDIE. Just to join the chairman in my being deeply impressed by the youngsters that you have brought here and maybe even more impressed by the commitment that you have demonstrated in just the few words you have spoken to the committee. How fortunate they are and we are that there are people like you, and I suspect there are many in the system that never really come to the attention of people that are free of criticism.

It was very good of you to come here today.

Mr. PATTERSON. Thank you very much.

Chairman PEPPER. Mr. Wiggins?

Mr. WIGGINS. No questions.

Chairman PEPPER. Mr. Murphy?

Mr. MURPHY. Thank you, Mr. Chairman.

Mr. Patterson, I see that you have very excellent credentials. I am wondering in my own mind how you became interested in this drug abuse program?

Mr. PATTERSON. That is a very good question. At my school I am the youth services coordinator and have been there for 14 years. This is my 15th year. I have seen a lot of young people involved in quite a number of things; gangs, just about anything that you could imagine.

I have worked with these young people in the afterschool clubs for 10 of the 14 years I have been there. I have gotten to know them quite well. My interest in music has also brought me closer to the young people that I work with; and when the opportunity presented itself, I was asked to be the coordinator of drug abuse, and I told them I would do it. I not only feel that I can relate to the ones who are, let's say, educationally intellectual, but I feel that I can relate to those who are down and out. Many of these people that I have in the afternoon clubs are down and outers.

I have watched them grow, and I have watched their delight when they accomplish something. And, therefore, I really jumped at the chance to be the drug abuse coordinator there at the school.

Mr. **Murphy**. So you are of the opinion then that if teachers and school administrators use a little imagination and want to take some time, there are programs that can be conducted in the junior high schools that will prove worth while in terms of keeping the children from the scourage of drug abuse?

Mr. **Patterson**. Most certainly.

Mr. **Murphy**. Thank you very much, Mr. Chairman.

Chairman **Pepper**. Mr. Winn?

Mr. **Winn**. Mr. Patterson, I appreciate your bringing the group here today. Is it your belief, as we have heard from other places around the country, that one of the problems is that the young people are bored and don't have enough to do between the time they get out of school—around 3:30—and when they go home to dinner.

Mr. **Patterson**. Most certainly.

Mr. **Winn**. And this may be when they start getting in trouble. Are you of that opinion, too?

Mr. **Patterson**. Yes, I am of that opinion.

Mr. **Winn**. So your program, I think, fills that need. It gives them something constructive to do with that approximately 3-hour period of time.

Mr. **Patterson**. Very definitely.

Mr. **Winn**. How late do your programs go?

Mr. **Patterson**. Our programs run—we are out at 2:10. Our programs run until 6 o'clock. And then, most times I keep the gymnasium open until 9 or 10, so that we have boys and girls there until 9 or 10. I am not saying they shouldn't be home, but I would rather they be at school than out on the streets.

Mr. **Winn**. Do most of the students in your school walk or ride buses?

Mr. **Patterson**. I would say 90 percent of them walk.

Mr. **Winn**. Walk to school. So they are not very far from their homes?

Mr. **Patterson**. Right.

Mr. **Winn**. Do they come back to the gym after dinner?

Mr. **Patterson**. Yes, they come back. They are there until I leave. That is usually 9 or 10.

Mr. **Winn**. Thank you. It sounds like a real fine program.

Mr. **Patterson**. I think so.

Mr. **Winn**. I wish we could get more people like yourself interested, and I wish we could get more schools to open the facilities, or at least keep them open rather than lock the gym.

Chairman **Pepper**. Thank you again, Mr. Patterson. We commend you on what you are doing.

Thank all you young people. We appreciate your coming.

Ladies and gentlemen, Mayor Yorty, of the city of Los Angeles, is due to be our witness at 11 o'clock. We know he is a busy man, and we would like to accommodate him when he arrives. It is now just a little over 5 minutes before 11. We will take a 5-minute recess until the mayor arrives.

(A brief recess was taken.)

Chairman Pepper. The committee will come to order, please.

It is a special pleasure for me to welcome, not only the distinguished mayor of this great city of Los Angeles, but an old colleague in the Congress. He and I used to fight for freedom together back in the prewar days, when we were trying to help the President to get the country mobilized to do something about Hitler's oppression.

We are very happy to have you here, Mr. Mayor. We would appreciate any statement you would care to make.

Mr. Waldie, would you like to make any statement?

Mr. Waldie. No. I would think Mr. Wiggins, who is the host Congressman in this city, might care to introduce the mayor.

Chairman Pepper. Would you present the distinguished mayor of the city to us?

Mr. Wiggins. I am honored to introduce the mayor of Los Angeles to this distinguished committee of the House of Representatives.

I regret to say, Mr. Chairman, Mayor Yorty is not my mayor. He is the major of the city of Los Angeles and my district does not extend into the city of Los Angeles. That is my loss, I am sure, Mr. Mayor.

But the mayor of the city of Los Angeles, Mr. Yorty, is well-known to all of the members of the committee. He is truly a national figure, well-known for his activities at the National, State, and local level.

We are happy to be in Los Angeles and welcome your testimony.

STATEMENT OF HON. SAM YORTY, MAYOR OF THE CITY OF LOS ANGELES, CALIF.

Mayor Yorty. Thank you very much.

Let me say in welcoming you all here, we appreciate the help that we get from the Federal Government in this important matter. Of course, I can't resist saying that I have known Congressman Claude Pepper for a very long time, as he suggested. In 1939 and 1940, we were on a committee called "Fight For Freedom," headed by William Bullitt, and at that time the Congressman was one of the leading speakers of the United States in trying to get our people to wake up and realize that war was coming to us, whether we liked it or not, and we could save time and save lives by being prepared.

So we were advocating that the United States declare war on Hitler, and I ran for office on that platform and got so few votes that I had to tell people that I ran, because they don't even remember.

But it does indicate that you can sometimes be badly defeated when you are right. I have never been ashamed of the fact we all took that stand.

Chairman Pepper. Yours was a great voice in those days, Mr. Mayor, and has continued to be a great voice in the country.

Mayor Yorty. We have taken our lumps since, Mr. Chairman, but we are still around.

Chairman Pepper. Thank you.

Mayor Yorty. At any rate, I know you have a great deal of testimony and you heard from our Los Angeles Police Department.

We in Los Angeles recognize that the examination of the reported incidence of drug use and trafficking in the Nation's schools is a necessary, though arduous task. We also recognize that, as is so often the case, what is occurring in our schools is but a microcosm of what exists in our total society; and the drug problem is no exception.

And I am sure that all members of this committee realize the fact that we have become a Nation of pill takers. People take pills to wake up and go to bed and pills seem like they are everything. And, of course, I view this with considerable concern because it certainly brushes off and affects the younger people who see their elders taking pills for most every kind of condition.

Because of several cultural and geographic considerations, such as a continuing population shift and a close proximity to the Mexican border, we recognized several years ago that Los Angeles would have to begin its fight against narcotics earlier, and pursue it with greater vigor, than would other metropolitan areas.

I might say that I don't believe Commander Reese told you in his statement that the Los Angeles Police Department was the first one in the Nation to form a narcotics unit, and that was a very, very long time ago.

Pursuant to this knowledge there have been various citizens' efforts engendered and coordinated by the office of the mayor to discern the nature and scope of the narcotics problem and to mount programs to combat the areas of need indicated. These coordinated efforts include but are not limited to the following:

1. *The Mayor's Committee on Narcotics.*—Chaired by the former Regional Director of the Federal Bureau of Narcotics and consisting of a membership of citizens from every facet of city life, this committee completed an in-depth study of the needs of our community in combating drugs. This resulted in an advisory communication to the Governor's office recommending a legislative and executive investigation of the four major areas of need.

Now, I am not going to go into that report because we can make it available to you, if you like, but I think it was the first committee to really point out the number of legal drugs going into Mexico and then coming back in huge quantities.

Also, one of the things we recommended, I still think should be done, and that is a special narcotics court. This might not be true in smaller communities but in one like ours, where we have so many judges, we felt that if these people who were repeaters had to go before the same judges, who were very well aware of the narcotics problem, that they probably wouldn't be treated so leniently as they are when they go before one judge one time and another the next time.

2. *The Mayor's Adult Committee With Youth.*—This includes an annual drug abuse institute and a narcotics information clinic, the latter including a large trailer which contains the latest in audiovisual displays on narcotics and drugs and which moves about the city as needed.

3. *The Mayor's Youth Advisory Council.*—This provides forums and counseling, utilizing the latest in information on narcotics as well as other areas of youth problems.

It is realized that programs of this sort are an effort to point citizens' behavior in the proper direction and that the final responsibility of government is to protect its citizens from criminals. Toward this end, the expanding narcotics repression programs of the police department have been endorsed and funded by the mayor's office. The carefully planned program has expanded each year since 1969 when the department administered a narcotics repression program which was operationally much the same as other major cities.

Starting in 1970, the following major changes were funded:

1. Consolidation of the most capable investigators into a major violators unit to concentrate on the purveyors who bring large shipments into the southern California community.

2. Equipping all narcotics units with the latest in vehicular and investigative equipment in order to facilitate their mission.

3. Cooperating in the initiation of the narcotics intelligence network of southern California. This group involves the five main agencies on the municipal, county, State, and Federal levels which are involved in narcotics investigations. It has engendered cooperation of such a high degree that it is presently being used as a prototype in many other areas and on the State and Federal levels.

4. Finally, a decentralization of numerous narcotics investigators with a squad of trained narcotics officers in each geographic division detective bureau to be responsive to the street-level problems of the localized communities in Los Angeles. This completed the formulation of a pincer movement against the various strata in the narcotics underworld; major violators units to strike at the traffickers who import narcotics and the divisional units to wage repression on the street peddlers. The decentralized units also form a more immediate contact with school officials in order to localize juvenile efforts.

As a result of these changes, Los Angeles has become, we hope, something of a model for other agencies to emulate. Seizures of narcotics and drugs more than doubled from 1970 to 1971 and major arrests have shown a steady and dramatic increase.

In my long public life, I have had the opportunity to join in the efforts at all levels of government to remove the menace of dangerous drugs and narcotics from our society.

You may be surprised, Mr. Chairman, to know that in 1953, when I was a U.S. Congressman from the State of California, speaking before the House of Representatives, I called attention to the possible need of amending the Federal Narcotics Act to facilitate enforcement by the Bureau of Narcotics. I introduced into the Congressional Record a letter which I had written to the then Commissioner of Narcotics, H. J. Anslinger, and his reply.

In that letter, I pointed out the urgent need to properly enforce narcotic laws and to properly deal with peddlers. Among my other suggestions were the death penalty for dope smugglers and increased vigilance at all American ports, especially those ports of call from Europe and the Orient. I am delighted to say that many of these suggestions have been adopted by the Bureau of Narcotics.

We are appreciative of the attention given our community by the House Select Crime Committee, and I'm sure you will find members of the board of education, the police department and all members of our community, ready to give whatever support you will need.

Thank you very much.

Chairman PEPPER. Mr. Waldie, would you like to ask any questions?

Mr. WALDIE. Yes, Mr. Chairman.

Mr. Mayor. I know that there is considerable activity in drug prevention and I presume that that is the major allocation of resources in the community on the city's part. This would be in drug prevention and law enforcement activities. Are there any efforts on the part of the city and financed by the city, involving drug treatment programs?

Mayor **Yorty**. Well not financed by the city, no. The health department, as you know here, is part of the county and that would more properly fall in that category. We do have some drug treatment, but it is funded by the Federal Government through the Model Cities program.

Mr. **Waldie**. Yes. The city budget itself allocates no funds for drug treatment?

Mayor **Yorty**. Not for treatment, no.

Mr. **Waldie**. In terms of your recommendation of the death penalty for dope peddlers, do you still hold to that conviction?

Mayor **Yorty**. Well, I don't know. This is 20 years later and the mood of the country is entirely different. The way I felt at that time, and I think it is still valid to say, these people are murderers. They destroy whole families. When they get a member of a family hooked on these very dangerous and highly addictive drugs, they destroy the whole family. And some countries do use the death penalty now.

I think Iran does. And they really enforce it. So perhaps it would be still a good idea.

Mr. **Waldie**. Do you draw any particular lines as to the degree of commercial activity in peddling dope?

Mayor **Yorty**. Well, everything in life is relative, certainly, and there are some who may peddle temporarily and some may be really hard-line peddlers who are part of syndicates and are very dangerous.

Mr. **Waldie**. Would that be the distinction in terms of your recommendation concerning the death penalty?

Mayor **Yorty**. Oh, you would have to use discretion in everything As I say, this was 20 years ago and I think now if you were going to use anything like a death penalty, it would have to be applied only to those who have repeatedly caused addiction by bringing narcotics into the country and selling them.

Mr. **Waldie**. Would that be a recommendation that you make to the committee?

Mayor **Yorty**. Not especially. I think that should be restudied now in the light of all of the developments.

Mr. **Waldie**. Thank you, Mr. Mayor. I have no further questions.

Chairman **Pepper**. Mr. Wiggins.

Mr. **Wiggins**. I have no questions, Mr. Mayor, except I personally appreciate very much your taking the time to come to this committee and honoring it with your presence.

I will take the time later to read carefully your remarks and certainly consider them, Mr. Mayor.

Mayor **Yorty**. I thank you very much.

Of course, if you would like to have your staff review the report that my committee made, to which I referred, I will certainly make it available to you.

Mr. **Wiggins**. I think that would be wise, Mr. Chairman.

(The report referred to was not available at time of printing.)

Chairman **Pepper**. Mr. Murphy.

Mr. **Murphy**. No questions.

Chairman **Pepper**. Mr. Winn.

Mr. **Winn**. No questions.

Mr. **Wiggins**. I do think for our record, at least, Mr. Mayor, it would be well to ask you to comment on certain subjects.

This is a committee investigating drug abuse in schools and, as you know, the authority of mayors varies so widely across the country with respect to education, you may wish to include in our record a statement of your jurisdictional authority in this regard.

Mayor **Yorty**. I have no jurisdiction whatsoever over the schools, but we do have a very good working relationship and I know that Commander Reese explained to you, we have police officers actually teaching in schools. That wasn't started because of narcotics; it was started because we realized too often the only contact citizens have with the police officer is an adversary contact, getting a ticket or something else. So we felt it was particularly important among young people that they get to know police officers, not as somebody that has arrested them or encountered them in an unpleasant way, but actually getting to know them in a pleasant way.

We think this is working out pretty well. As a matter of fact, the school department, with our cooperation, has expanded the program.

Mr. **Wiggins**. Thank you, Mr. Mayor.

Chairman **Pepper**. Mr. Mayor, we want to thank you very much for coming this morning and giving us your valuable statement and manifesting your concern as mayor of this city about this problem. Every part of America, I think, has this drug problem. First among the adult population and now in the schools among the younger people.

We have had hearings in New York, Miami, Chicago, San Francisco, Kansas City, Kans., and now here in Los Angeles. And while there may be a difference in degree of the problem in various places, it is a serious problem everywhere.

We are very much concerned as to whether the Federal Government is giving the help that it should be giving to the States and the local communities in meeting this problem. Because everywhere we go there is the problem of funding, of financing. Every school authority that I know anything about has its financial problems. In city after city, the schools are having to lay off teachers. We heard a witness here yesterday say she had a very good program going in one of the local schools but the crisis of funding came along and they practically had to stop the program that she had.

This lady was a nurse and she was helping the students to get away from the drug habit. So it does seem there is going to have to be a closer coordinated program among the Federal, State, and local governments to help meet this crisis problem.

There was evidence here yesterday, that Mr. Waldie brought out, that maybe the problem is diminishing in the schools, and we are gratified to hear that. In some places they have told us the problem was getting worse. But we do know that there has got to be a very serious effort made to try to prevent the young people from becoming addicted to drugs of one sort or another. There will have to be legislation, probably, curbing the distribution of such drugs as are being used by the younger people.

So your manifestation of your concern is very helpful toward meeting this challenge.

Thank you very much.

Mayor **Yorty**. Thank you, Mr. Chairman.

Mr. **Waldie**. Mr. Mayor, may I ask just one more question.

Does the city render—I am interested in the drug treatment programs which are part of the attack on the problem—does the city render health services at any level? Is that the reason, no services?

Mayor **Yorty**. No. About 10 years ago we consolidated the city health department with the county health department and that is why the county now has it.

Mr. **Waldie**. So that no longer is the responsibility of any area of the city in terms of health activity?

Mayor **Yorty**. We have no health department in the city any more.

Mr. **Waldie**. I understand. Thank you.

Chairman **Pepper**. Thank you very much, Mr. mayor.

Mr. Counsel, will you call the next witness.

Mr. **Phillips**. Mr. Chairman, the next witness is Dr. Thomas Ungerleider.

Dr. Ungerleider is one of the foremost authorities in California in relation to drug matters. He is a prolific writer in the field. He is a professor. He is a member of the National Commission on Marihuana and Drug Abuse; has issued reports in relation to the subject; and is also conducting hearings across the country looking into various aspects of the problem.

Dr. Ungerleider's work has been commended by the President, by Senator Hubert Humphrey, by Governor Reagan, by the mayor here in Los Angeles, and other societies and authorities in the field of drug abuse.

Dr. Ungerleider, you have some observations you would like to make about drugs in the schools and drugs among youth. Could you give us your preliminary observations, please.

STATEMENT OF DR. THOMAS UNGERLEIDER, DIRECTOR, DRUG ABUSE RESEARCH AND EDUCATION (DARE), LOS ANGELES, CALIF.

Dr. **Ungerleider**. Yes, Mr. Phillips. Thank you.

Mr. Chairman, gentlemen, good morning.

I would like briefly to make a few comments. I think we have seen today one of the most important demonstrations of meaningful alternatives with the first demonstration that we witnessed, and I think certainly Mr. Patterson is to be highly commended. And I emphasize this because what we have been seeing with so many young people is that if they are what is known as ex-drug-users or ex-abusers or ex-addicts, or whatever, they get a tremendous amount of information publicly and attention bestowed upon them with pictures in the paper, et cetera.

The young people at our DARE group are often told if they would only become drug users and then "put down" drugs—stop using—they could go on panels and adults would believe them, and would even be very gullible, believe their statistics and believe all kinds of things.

So I am delighted that we have seen today a positive approach, a meaningful alternative, and this, I think, is a very important kind of consideration.

I would also like to reemphasize Mayor Yorty's position about drug courts, because we have had a lot of difficulty in having drug courts set up here. This is really a high priority and a terribly important item, I feel, as one here in Los Angeles.

I am a little uncomfortable when I talk with you because we haven't defined our terms. And I am hoping we are talking the same language. I heard the term "addiction," which is really no longer being used, even by the World Health Organization, but perhaps that means we are talking about the so-called hard narcotics, like heroin or the other opiate derivatives.

Unfortunately, I hear "drug dependence" not being mentioned, but I hear terms like "narcotics" being used. I don't know if all of you, particularly the Congressmen from Illinois and from Kansas, are aware that legally in California the term "narcotics" refers not only to the opiate derivatives but to a variety of other drugs like the stimulant cocaine, the psychedelic peyote, and, of course, marihuana; whereas LSD, speed, some of the other amphetamines and barbiturates are classified as dangerous drugs.

So I think our terminology is rather important.

I want to make clear I represent only myself and not the National Drug Commission, UCLA, the medical societies, or other drug abuse committees that I work on. I think it is obvious to all of us that drugs are of high priority and interest. On our Commission's national survey we found some months ago that drugs were the third greatest area of concern to the American public—this is one of the widest surveys ever done—behind Vietnam and the economy. And I saw just the other day a survey that showed drugs were now the second greatest area of concern, behind the economy.

But if drugs are an area of high concern, they are also an area of hysteria, and this is something I have great worry about because I think a lot of the work that is really done effectively is done behind the scene by people like Mr. Patterson and others who don't often come forward, people with great dedication and charisma. I think that we unfortunately have negative episodes that make huge headlines like these from the paper the other day headlined, "School Dope Roundup."

These are things that sell newspapers and things that are exciting, but don't do very much toward solving the drug problem. Just this week, in this very city, we had all kinds of excitement about drugs, as we do every week. One of the candidates for mayors' daughter was arrested for possession of drugs. An editorial appeared in the local paper, the Times, yesterday, about a vital bill sitting on our Governor's desk about marihuana and changing the penalty from felony to misdemeanor.

A great deal of space was given this week to a New York physician who apparently has been injecting intravenous methamphetamine—or speed—into a lot of famous people, including a President, and a list of his patients included. I am certain we all know, even one of you.

This weekend there will be four pro football games and there will be ads on television during the commercials by athletes claiming they don't need to use drugs. But there has never been an evaluation of the efficacy or effectiveness of these ads and many young people know that many athletes indeed do use drugs and there is a great hypocrisy here.

There has been so much in the way of poor films and poor educational materials put out that no less a group than the National Coordinating Council on Drug Education has called for a 6-month moratorium, asking voluntarily for everyone to stop putting out drug films and literature because they are so filled with misinformation and indeed their efforts may be counterproductive. Since it is a voluntary request we have no evidence that anyone is complying with this. Because, again, we are in an economic area where people are trying to sell anti-drug-abuse films, written materials, et cetera, and again, without evaluation.

So we see that drugs today in this country are a political issue. We are perhaps creating a vast drug abuse industrial complex. Our basic problems seem to include, wherever we go, an inability for people to take charge of the situation; and the buck never seems to stop being passed. We see fighting for drug money, power, and territoriality—and nowhere have I seen it as great, as intense, or as counterproductive as in Los Angeles County. And, above all, there is no evaluation of the effectiveness of our programs in control, enforcement, treatment, rehabilitation, or preventive education areas. And I sit on some funding agencies, and this is one of the greatest concerns we have. Are the taxpayers getting their money's worth? Are we really helping the problem?

I would like to mention just a couple of general principles, especially involving prevention and education in the schools, which is a special interest to most. And although I am an associate professor of psychiatry at the medical center here at UCLA, I really have no extensive direct contact with schools, other than working with youth who are involved with drugs and occasionally going in and consulting or lecturing at some schools.

Certainly, it should be obvious to us that when we are talking about drugs and drug education in the schools we are also talking about abrogation of the parents. If the parents could have handled the problem, neither law enforcement nor the schools would have had it dumped on them.

We must stress that parents and adults are also in desperate need of drug education and are filled with drug mythology. For example, over half of the adults in our national survey thought marihuana leads to death by smoking, or that withdrawal from smoking marihuana leads to the same type of withdrawal symptoms as you have with heroin, the barbiturates, or alcohol.

So there is a great deal of mythology we see and it is not all confined to our young people.

One of the great tragedies, since it has become more and more fashionable to say we can never really control the supply—and, indeed, I do believe that—is that therefore we have to work on the demand side and decrease the demand for drugs through meaningful alternatives, and especially through education. Prevention through education is rapidly becoming a more and more popular slogan. One of the great tragedies is that so little in the way of funding has been allocated for this purpose to date. I don't have the exact amount of Federal funds that have been allocated, but we heard testimony before our Commission that it was something like 10 percent of all drug abuse funds—that may even be a high figure—went into education programs.

I think it is also important as a general principle not to scapegoat, for we are all involved in the problem, and not to say the entire drug problem or the greatest part of it is due to the parents, or the schools, teachers, police, the war, the laws, physicians, pharmaceutical companies, TV, rock music, long hairs, or whatever. We do have, all of us, a role and a responsibility.

It should be obvious by now that drugs are a piece of behavior, drugs are a symptom, drugs are chemicals, and they are chemicals that are used by some and abused by others. If the goal is to completely prevent the experimentation with all chemical substances, that goal is doomed, and I think we must rather try to differentiate between drug use and drug abuse, while recognizing that young people, particularly in their formative years of early adolescence are not able to handle drugs of any kind.

And, of course, alcohol is a drug, probably the major drug of abuse, and that is a real problem that we all have. A drug which is involved in 35,000 traffic fatalities a year, a million traffic accidents and half of all violent crime is promoted by television, the mass média and is accepted everywhere culturally. And this is the drug that causes brain damage, causes organ damage of all sorts, and is really our major drug health problem.

But it is not particularly popular to talk about that, however, because then we come up against a number of very influential lobby groups.

But I would like to read one brief paragraph to you that I think expresses this. This is a paragraph from a book by Stanley Einstein from New York, a friend of mine. The book is called "Use and Misuse of Drugs, the Social Dilemma." In it, he quotes a Mississippi State senator addressing the legislature thusly, about alcohol:

> You have asked me how I feel about whiskey. All right, here is just how I stand on this position.
>
> If when you say whiskey, you mean the devil's brew, the poison scourge, the bloody monster that defiles innocents; yeah, literally takes the bread from the mouths of little children; if you mean the evil drink that topples the Christian man and woman from the pinnacles of righteous and gracious living into the bottomless pit of degradation and despair, shame and helplessness and hopelessness, then certainly I am against it with all of my power. But, if, when you say whiskey, you mean the oil of conversation, the drink that enables a man to magnify his joy and his happiness and to forget if only for a little while life's great tragedies and heartbreaks and sorrows; if you mean that drink, the sale of which pours into treasuries untold millions of dollars which are used to provide tender care for our little crippled children, our blind, our deaf, our dumb, our pitiful aged and infirmed, to build highways, hospitals, and schools, then certainly I am in favor of it. This is my stand. I will not retreat from it. I will not compromise.

I think that says a great deal about our attitudes and perhaps about our hypocrisy, especially when you consider that the average young person before he goes to kindergarten has watched 5,000 hours of television and has learned, has been constantly bombarded, that there is magic indeed in life, the magic of a pill. Not that the over-the-counter pills are so harmful in themselves, but they give the young person the idea that none of us must ever be anxious, depressed, sad, or frustrated because there is a pill for everything. And I think we should not wonder with these kinds of attitudes why we do produce a Nation of drug abusers—although one cannot produce a casual relationship between the two—and hundreds of thousands of dollars are being spent by the lobby groups to show indeed that since one cannot present a casual relationship, this kind of drug promotion should go unchecked.

To provide a little brief local background: Although we do have a great deal of sun here in California, particularly southern California, we have always been the barbiturate capital of the world. This is not the year of the downer for us, as it has been described nationally. I are not exactly sure why, but secobarbital, whether coming from the "bandidos," as they call them over the border, or from the 60 companies that manufacture them legitimately in this country, are probably our major local problem.

And in terms of overdose, the lethality potential—and the lethality potential of sudden withdrawal in epileptic seizures—barbiturates are second to no other abused drugs, including heroin, in their dangerousness. The controls and lack thereof are of great concern to me and the lack of my fellow physicians and the pharmaceuticals to institute these, I think, is nothing to be proud of.

We do have, I believe, a good bit of educational expertise in California.

Chairman Pepper. Excuse me just a minute. While you are at that point, has your Commission made any recommendation as to whether or not barbiturates should be put in schedule II as amphetamines have been and subjected to a quota system?

Dr. Ungerleider. Our Commission is currently finishing its second year, where we will report on all drugs. The first year we were directed by Congress to report specifically on marihuana, so on March 22 we will be reporting and there will be recommendations for social policy and legal policy, including the sedatives, the barbiturates you mentioned.

Chairman Pepper. That is one of the subjects our committee is giving particular attention to, with the possibility of including it in our recommendation, although it hasn't been finalized yet.

Mr. Phillips. Doctor, while you are on the barbiturate point, I have a statement by your district attorney, who wanted to be here this morning but was detained in Florida. He says:

> Barbiturates, commonly known as reds, are the killer drugs in Los Angeles. They are like a red death. Only alcohol kills more people. Heroin, amphetamines, speed, LSD, marihuana, cocaine, none of these do a fatal number like the barbiturates. Barbiturates are heavy and mean, but they are in too many medicine cabinets throughout the country. The tragedy of barbiturate abuse in our community is written largely in terms of human lives. Twenty-five to 50 overdoses today in our county.
>
> Los Angeles is the barb capital of our Nation and that is why we are asking for this hearing today. Steps must be taken to halt the spread of barbiturate abuse and spread of this red death.

Is this a fair statement of the barbiturate situation here in Los Angeles?

Dr. Ungerleider. I think Mr. Busch and I would agree substantially with that problem, although his language as quoted is more flowery than mine. Many of the overdoses are not just in young people but in people of all ages. Some who are overdosing are attempting suicide, and some of whose barbiturate ingestion has potentiated with alcohol. So it is not just the young people who are involved with barbs, but certainly they are the No. 1 problem in terms of overdose fatalities. And I would hope your committee really would consider putting on some controls, particularly in the short-acting barbiturates, the secobarbital variety.

Now, as I was saying, with the expertise that you are tapping, I am sorry that you haven't got Dr. Don McCune from the California State Department of Education, who knows as much, if not more, than any other educator in the State because his job is to go and teach and train young teachers to be involved with the drug problem and to know what is happening. But I understand your committee has been in touch with him and can receive some kind of statement from him.

I would like to also say that although we do have problems in education, as do all States, we do not have situations that are in other States. We were just in the State I grew up in, Florida, and I was shocked to learn that the legislature there in 1972 passed a law—on which I have the Miami Herald newspaper clippings—which Mr. Pepper and I have talked about—which would permanently expel any student convicted of a drug crime—from school forever—this is any student who has not reached the age of college. After college age, you can apply after 2 years of expulsion—is something that would certainly not be able to be passed in this State and I don't believe there are very many people even in Florida who we talked to in our hearings down there who are in favor of that.

Chairman **Pepper**. It is a shocking, it seems to me, misunderstanding of the true nature of the problem. Instead of trying to treat the young person and save his or her life and keep them in school, I think it is a shocking overreaction to the problem.

Dr. **Ungerleider**. We also, in distinction to the testimony we heard in Florida, would not feel that every teacher in the entire school system should be a drug expert, that it takes a certain degree of expertise, not only in didactic material, but you have to be what is called an identification model, one of the teachers who will be listened to by young people. There are some very special qualifications, and I think teachers like Mr. Patterson will be listened to much more than other kinds of teachers.

So I think that has to be one of the kinds of considerations as to who shall teach.

Mr. **Phillips**. Excuse me. On that point, most of the cities that we visited and reports we received from other areas of the country, all have adopted predominantly, probably with a few exceptions, the idea that there should be a comprehensive educational program, 8 through 12, and that means essentially you can have a drug teacher or someone teaching drugs in kindergarten or third grade or fourth grade or fifth grade. Those teachers are going to have to be educated, and they have to be the type of people who can communicate the information.

According to what you just said, if I understand it, that is not a viable way to attack the problem.

Dr. **Ungerleider**. No. I think you misunderstood me. I said that not every teacher must be a drug expert. I think teaching must be integrated into comprehensive health, internal pollution, as well as external pollution health approach, beginning early. I do think, though, in every grade the person that is selected must have certain qualifications: The ability to be honest, to like young people, not to be a psychedelic missionary, et cetera. And I think the responsibility, particularly in the elementary school, when you have curious, bright, and gullible youngsters, is even greater because it is very tempting with the fifth or sixth grader to say, "Well, we will stretch the truth a little bit."

But when that kid gets into junior high and goes to parties where he sees drugs taken, say at marihuana parties, and not everyone is dying, what we then see is the credibility that the teacher once had becomes credibility now turned off, and we see more and more young people saying, "Well, they lied to us about this; we then thought they were lying about all the drugs."

And in our national survey we found that young people do look up, not only to parents, but educators and physicians, and that is where they would like to get their information, not on the street which is filled with mythology and misinformation.

Many people have written, and you probably have been exposed to the philosophy there can be no effective education in the school with the marihuana situation the way it is, with marihuana remaining a felony, which it is not federally, because of the President, and in most States. I don't know that I would go as far as to say that, but I do know, as Freud said, "Oui tacit vidi consentire"—"He who keeps silent gives the impression of agreeing"—and if one cannot speak honestly and openly about marihuana in the schools, then I think one has a problem.

Marihuana is not a harmless drug. We have not heard testimony that it is a harmless drug, but I think you have to consider things in perspective. Locally, meaning California, you have to realize that possession is a felony arrest, with a judicial discretion, felony misdemeanor. There is a bill that changes that to straight misdemeanor now sitting on the Governor's desk, that has passed both houses. We don't know exactly what its fate may be, but the odds are that he will veto it.

The editorial in the Times Friday morning saying how the California Bar and the American Medical Association and the Los Angeles County District Attorney and a lot of other people have endorsed this bill as more reasonable legislation that would permit us to reorder our priorities.

You should also know—for I told you marihuana is a narcotic here in California—that we have a provision in the health and safety code, section 11721, where, if you are convicted of being under the influence of a narcotic, you must serve not less than 90 days in jail as a condition of probation. That might not seem a lot to you all, but as commissioners, we requested to go into the county jails for 2 to 3 days and we were denied permission everywhere, feeling we would be beaten, assaulted, gang raped, et cetera.

So, apparently, jail is not the place, at least for us as commissioners, to be for even 3 days. Another problem, of course, being there is no way to detect being under the influence of marihuana, and I have testified at trials where we heard from enforcement under oath, testifying that diagnostic symptoms of marihuana intoxication included staggering gait, dilated pupils, and a green palate. Wow!

So I think we have a real problem.

Now, we have talked about the qualifications of drug abuse teachers and the extreme importance of honesty, and I would like to say a word or two about content, because didactic seminars, or just teaching the pharmacology of drugs, is not going to help. One has to do it as part of a comprehensive health program, and one has to also consider a couple of other things; mainly, how do you teach young people to resist peer group pressure. That is a very difficult thing, and yet we know curiosity and peer group pressure are why so many young people start out with a drug.

Also, how to teach caring for another. I go into fourth and fifth grades and ask young people, what would you do if your best friend was swallowing reds and was going to die? So many young people say, "Nothing. They are doing their thing. I would let them die. I have no right to intervene."

And if we have created a group of young people like this by the sixth grade, it is no wonder that we have such a difficult problem.

We also need privileged communications. We know, of course, patient-physician privileged communication exists, but in many areas there is no teacher-pupil privileged communication. In San Jose, they pioneered the ombudsman concept a couple of years ago. They took the high school basketball coach, gave him an office—law enforcement cooperated—and he was able to council young people, and they came in, not only to his office but to his home, day and night.

We wrote the article up in the American Journal of Psychiatry. I can furnish a copy to you if you are interested.

The interesting thing about it is nine out of 10 of the young people did not want covert sanctions to smoke marihuana or use any drugs, but they wanted this ombudsman, the counselor, to get their parents involved. The parents were unwilling, disinterested, or too frightened to be involved.

The kids had left the cigarette butts—the roaches—around the house, the pills, the gelatin capsules, and the letters about their LSD trips. But parents would not be involved. So they were trying to get him to bring the parents in to say, "There is a problem. Let's work it out. Let's get involved with it."

And, finally, I would like to end where I began, by saying I think it is extremely important to encourage meaningful alternatives to young people, to give them some hope, some good education, some alternatives to recognize them as worthwhile young people. I won't mention in any detail our DARE group. It is just one group. There are many groups that are effective around the country.

I will leave some literature about it with you, and I will leave you some literature, also, about the UCLA Drug Training Center, here in Los Angeles. Right now we are doing military cycles from Europe, and the National Chicano Training Center, too, is providing different cycles of teaching people how to be effective in the drug area. Thank you.

Chairman **Pepper**. Mr. Waldie?

Mr. **Waldie**. No questions.

Chairman **Pepper**. Mr. Wiggins?

Mr. **Wiggins**. Thank you, Mr. Chairman.

Doctor, you described in your presentation the competition for Federal funds which exists in Los Angeles County with respect to drug programs. I would like you to expand on that a moment and just explain the nature of the competition you referred to.

Dr. **Ungerleider.** The competition I referred to is competition for funds that exist everywhere. The competition currently is not just for Federal funds, it is for funds of all types. And what we have, you see, is a situation when we don't know how to evaluate the effectiveness of programs, where more and more people, just like with the poverty program, feel they have the answer. No one knows who has the answer, or if anyone has the answer. There is no bible of drug abuse that has been written.

We have many ex-addicts, Some are effective with proper controls, but some say, "You just give me your money and I will solve the drug problem." They are often very articulate, and then we get anxious and say, "Well, that's right, we haven't been heroin addicts so we can't possibly know anything about it. You take the money and you do it"; we find they often take the money and run.

But, unlike the unsuccessful surgical patient who at least has the good grace to die, the unsuccessful drug program doesn't die, it just comes back and asks for more money, perhaps changing the director, with mitigating circumstances and so forth, and gets refunded.

That is the tragic part of it because we don't know how to evaluate the efficacy, nor do we really know that education changes attitudes and that those attitudes, let's say, are reflected in changes of behavior and, if so, what kind of changes in the drug area. Less use, less misuse, or less abuse? No one really knows.

I think until we can focus and differentiate, we are going to have a lot of difficulty, because where arrest figures may be down, or where abuse figures of people coming for help may decrease, we may not have any decrease in the incidence of use. And all of these statistics that have been collected—and we have to be skeptical of statistics—among older groups, college groups, medical students, law students, et cetera, show a tremendous use of drugs. The incidence of use is high and getting higher and higher, but maybe the abuse is getting less and people are learning to live with certain drugs, although I don't know how they can learn to live with drugs like heroin, cocaine, and the barbiturates.

Mr. **Wiggins.** Doctor, what is the funding source for DARE?

Dr. **Ungerleider.** DARE is funded by Criminal Justice—LEAA. We are sponsored by the Redondo Beach Police Department at this point.

Mr. **Wiggins.** It seems to me that our Federal effort in the drug abuse area is a very scattered effort, and the funding, which is substantial, is going to largely unofficial agencies. We had described yesterday, for example, a $1.245 million Federal funding from multiple Federal agencies for a drug program in Los Angeles County. And DARE, as you say, is not directly connected with the schools and probably is not directly connected with the Government at all, other than being funded through a governmental agency.

I would like to get your comment about the procedure which we now employ to channel the Federal effort into this drug abuse field.

For example, sir, everyone seems to say that part of the total effort should involve drug abuse education at some level, but none of the funding goes to the educators. It goes to private groups who may or may not deal with educators. Would it be a better approach to be talking about direct funding of schools for education, rather than the funding of community-based organizations, however well intended, which do not have any direct legal relationship to the school?

Dr. **Ungerleider.** Mr. Wiggins, you ask a difficult question because, while I feel that direct funding has to come, I am not aware the direct funding for educational programs has been given to community-based groups. Most of the community-based programs, I think, are treatment- and rehabilitation-type programs, so it is the total dollar in education that is lacking and that certainly would best be implemented by direct funding.

One of the problems that we have is many of the organizations and institutions—and I am not talking educationally, but just in general drug abuse terms—have not been anxious to become involved in the drug picture until very recently. I remember several years ago we started the first methadone maintenance program here with only 20 slots, at the university. It is a very tightly controlled, well-run program, and it was started only because we were told repeatedly by the county they would never be first to start anything in drug abuse treatment programs. Now, there are five or six treatment programs, even though we have up to a 25- or 30-year waiting list for methadone maintenance—and I am not saying that methadone maintenance is a panacea.

Mr. **Wiggins.** Back to the education part of it, I don't know the precise functions of DARE, but I understand it is a drug abuse education effort, perhaps other effort as well, but it includes education. And I recall your statement during your testimony that you had no direct contact with schools.

That caused a problem to come to my mind. Here is an education effort unrelated to the schools, and I would think the schools should be more directly involved, rather than the existing policy of funding extra school activities and organizations.

Dr. **Ungerleider.** Well, I think the schools do need funds, and they do need to integrate in their 8 through 12; but when innovative alternative kinds of approaches can be offered as demonstration projects, as models, I think these are extremely important. Our people go into the schools; the school people come to us. It is a demonstration project, and I think that you are often going to find private industry or private groups which are able on a small basis to set up demonstration projects because they are able to be more innovative.

But I think the bulk of the funds should certainly go directly to the schools for the day-to-day kind of operational educational programs.

The young people in DARE serve not to educate about drugs and side effects of drugs but to try to find innovative ways and set themselves up as a model where young people can be recognized as adults, as doing worthwhile things, without having to be or have been drug abusers. They evaluate, not as drug experts but as youth, the drug films, the literature, and there are very few that they find are viable or honest; and adults listen to them, as they are on many boards and panels and so forth. And that is what I mean.

Mr. **Wiggins.** Would you comment, please, on the wisdom of a central umbrella agency, perhaps, for funding on a countywide basis or statewide basis?

Let us suppose, hypothetically, that someone proposes to coordinate all of these wonderful drug programs under one central agency; to fund that agency; and it to parcel out those funds on some priority basis that it establishes. Such an approach is somewhat different than the kind of competition that now goes on, on an individual basis, for all of these programs throughout the country.

Dr. UNGERLEIDER. You raise a crucial question that I don't have the answer to. I can only tell you conceptually it is a marvelous idea. Operationally, I am not sure it is an effective or workable idea. Here in this county we have a paralysis as different people compete as to who will be the coordinator and who will be the umbrella and can see the chicanery and shenanigans and the "rip-offs"—as they call it—as different groups vie for power and try to get the support of other groups by promising them money which they then can't deliver, and we wind up in a total "pass-the-buck" situation where nobody knows who is coordinating what, and where nobody can make a decision. And I suppose if you had somebody who was really able to do an honest job, who was fearless, who had to report to no one except the senior official and his goal was very clear and that was to provide a good, honest approach, you could get somewhere.

Just like Dr. Jaffe, of SAODAP, who reports only to the President, and his job is to coordinate all of the other efforts. Heads have to roll, but I think you must find a person like that. If you would study the history of the county here and what has been happening and all of the infighting and jockeying that has been going on, you will find total paralysis. For example, we had LEAA funds to expand our program from 20 to 50 or 70.

California has a research advisory panel, and we needed a letter of acknowledgment for them from the county coordinator only that we existed—and we were the first program that existed. I can't tell you the difficulty we had getting a letter that said that we existed, because there was an interim coordinator and he turned the decision over to a county steering committee and the steering committee, composed of some of our own people, turned it over to a 150-man interagency council. The politicking got worse and finally we got the letter, of course, but where does the buck stop?

Mr. WIGGINS. I think part of the problem is that we are creating new power structures, whereas the existing government has already fought that battle.

Dr. UNGERLEIDER. And lost it.

Mr. WIGGINS. And we know where the source of power is. It is all settled down and if we would deal through existing governmental structures rather than permit the creation of new power structures that are going to have inhouse fighting in them for another 20 years before they get settled, perhaps it would be a more efficient way to deal with the problem.

Dr. UNGERLEIDER. If you can find some way to upgrade the existing structures so they can be innovative and all of the other kinds of things that often large institutions can't. I know we get 50 to 100 calls a day for help in our treatment program, which isn't even open yet officially, but we have learned through our telephone services over the past few years that to mention one of the county clinics is sudden death. They hang up on us.

They have gone to the county and good things just haven't happened. So if you are saying, let's just keep an existing power structure, I would say let's upgrade that power structure and make it good and innovative and get some good, high quality people in it.

Mr. WIGGINS. Right. And that is not a challenge which is beyond our capacity to meet. For example, in matters wholly unrelated to drugs in the field of education, we do not fund independent groups outside of education which in turn, may or may not dole out some of their money to educational programs. We deal directly through the power structure of education and try to encourage them by program criteria to upgrade the quality of their program.

Well, so much for that. I would like you to spend a moment, if you would, Doctor, explaining this business of the impact of barbiturates on the human body. I am not so sure all members of this committee have had a statement from a person as qualified as yourself and I believe it would be helpful.

For example, do barbiturates produce physical dependency?

Dr. UNGERLEIDER. First of all, I am not a pharmacologist; I am a psychiatrist.

Mr. WIGGINS. I understand that.

Dr. UNGERLEIDER. But yes, barbiturates do produce physical dependency. You have severe withdrawal symptoms when you stop. If you stop "cold turkey," you can die in status epilepticus, a continuous seizure.

You can't "cold turkey" when you come off barbs, as you do with heroin, like they may do at Synanon. You have to do it as an inpatient. They cause respiratory depression in overdose. Sometimes people who are comatose and recover have brain damage because of anoxia, or lack of oxygen, they have experienced as the barbiturates have affected their respiratory centers and depressed them.

So, yes, barbiturates are a very deadly drug. They are also drugs that are useful in medicine. I wouldn't want to say they are not, and especially some of the longer acting drugs like phenobarbital, which have a specific antiepileptic effect. But certainly the shorter acting barbiturates have been widely misused and paradoxically, when young people take barbiturates, they don't fall asleep as you or I do if we took them at night to go to sleep, but they get a delirious reaction and a hyperexcitable kind of effect and then, of course, eventually, when they take more they calm down—crash—and get into the respiratory depression.

That is one of the problems. Also, when you start to take a few barbiturates, you often forget how many you have taken, especially if you have been taking alcohol.

Mr. WIGGINS. We heard some of the young people testify here that a common unit of measurement for sale of barbiturates is a roll, which contains three or four individual capsules. I do not know what the dosage of an individual capsule would be in terms of milligrams of the substances. But what would be a normal therapeutic dosage?

Dr. UNGERLEIDER. One hundred milligrams, a grain and a half, would be the normal.

Mr. WIGGINS. Is that one cap or several caps?

Dr. UNGERLEIDER. Well, if you are talking about what is made by the manufacturing company, that would be one capsule, although they come in different sizes. That would be an average dose. But if you are taking stuff that is on the black market, nobody knows what is in it or what it contains.

Mr. WIGGINS. I understand that. But assuming a drug that has been manufactured by a pharmaceutical company is in a formal, therapeutic dosage, one cap would be a typical therapeutic dose; is that right?

Dr. UNGERLEIDER. That is right.

Mr. WIGGINS. If a person were to take three or four of these capsules a day, not under the supervision of a physician, over a period of time, is it possible that physical dependency would result?

Dr. UNGERLEIDER. It is very likely that it would. Tolerance would result and they would need more and more of the drug to get the desired effect and they could take larger and larger doses without dying.

Mr. WIGGINS. Understanding there is a difference in human beings and their tolerance varies, of course, would you say physical dependency results after a certain period of time for a normal individual taking three or four capsules?

Dr. UNGERLEIDER. No, I am not qualified, really, to know the time-dosage frame. I just don't know. I think it varies rather widely among people. I don't really know.

Mr. WIGGINS. Can you tell us what kind of dosage would become a dangerous dosage? I suppose any ingestion of barbiturates is a dangerous thing unless under the supervision of a physician?

Dr. UNGERLEIDER. I think so. Absolutely.

Mr. WIGGINS. Death threatening?

Dr. UNGERLEIDER. It certainly is, either directly or indirectly. Driving under the influence is a very major problem, which involves the rest of us who don't take barbiturates, as well.

Mr. WIGGINS. I have had other witnesses tell me before this committee some years ago, in their opinion, barbiturates are more dangerous drugs in many respects than heroin, in terms of severity of withdrawal, likelihood of dependency; all of the evils of heroin are there, and then some. Would you share that opinion?

Dr. UNGERLEIDER. It depends on whether you are looking at it from a social policy or pharmacological policy. From a pharmacological point of view, that is probably true, except for the problems that you get into with the needles with heroin, and all of the complications.

But it is very deadly. Yes, there is no question about it. I think that is a true thing.

Now, as to the impact of crime and stealing, that is a social policy. That is a little different. But I myself am most concerned about the barbs.

Mr. WIGGINS. I appreciate, Doctor, your testimony. You appeared before us before, haven't you, some years ago?

Dr. UNGERLEIDER. You and I were on a panel together at SMU in Dallas, Tex.

Mr. WIGGINS. That was it. Down at SMU. Right. I remember. Well, our paths cross again. Delighted to see you again.

Mr. WALDIE. May I interrupt at this point?

Doctor, would you describe what the emotional effect is on the individual who ingests barbiturates? What are they seeking and what is the reaction of it, other than the pathological consequences you described?

Dr. Ungerleider. The reason people take drugs varies. They vary: Different reasons for different people, and different reasons at a different time in a person's life.

Mr. Waldie. I am not asking as to motivation, but what are the consequences other than physical consequences that you describe? What is the mood that they are seeking and what is the mood that results from it?

Dr. Ungerleider. Well, the delirious reaction some people find pleasurable, although it is hard to understand what they are seeking and the effects of being in that state. Certainly psychologically—physically, they are bad enough—but psychologically it would be especially in the developing adolescent, to prevent him from gaining these maturational skills, handling those instincts—feeling of sexuality, and of anger—of learning to be an independent individual who can then strive for himself and of learning to develop goal-directed behavior and tolerate frustration. All of these things would be lacking then.

Mr. Waldie. I understand in the heroin situation that passions are, in fact, diminished, that anger does not result. Is that also true in the barbiturate?

Dr. Ungerleider. No, I am really not aware of any strong correlation one way or the other. Whereas, it is true, as you say, about heroin, the sedation kind of qualities, like in marihuana, the sedation qualities, in contrast to alcohol and speed and cocaine—where they are much more likely to be volatile and aggressive. I think it can be either way with the barbiturates.

If they are in the delirious phase, they can harm people. If they are on the way down to the respiratory depression, they would not. So I think it is fairly variable for the barbiturates.

It is interesting that many, many young people who take these pills and know that they might be stopped, will also drink alcohol, for the smell of whisky. And if they get stopped, they will get arrested—if they get arrested at all—and put in a drunk tank. And when I go along with law enforcement officials, I will go in the cells sometimes and talk to some of them.

I say, "I am a head shrinker from UCLA, I am not enforcement. What were you really taking? Was it alcohol? You are in on a drunk charge." And they say, "No, I am on reds, too." So you have the same slurred speech, and so forth, but if you cover it with alcohol, it is not a felony arrest then, if you are arrested for alcohol.

Mr. Waldie. I see. Thank you.

Chairman Pepper. Mr. Murphy?

Mr. Murphy. Thank you, Mr. Chairman.

Doctor, I was interested in your opening remarks, especially your reference to teaching about marihuana in junior high schools and high school. How would you approach this subject in junior high schools?

Dr. Ungerleider. I think I would like to approach it before the junior high school, before you get a student that is already conditioned. It is a way of polluting your body, why does one need this kind of thing, as well as any other kind of thing. But I wouldn't want to teach it in terms of saying it atrophies your brain, it leads to other drugs, it makes you commit crimes of violence. If we say it does all of these kinds of things that we know not to be true, then after school, the junior high schooler goes to parties where there are a lot of young people using marihuana and he doesn't necessarily see any negative effects.

Mr. **Murphy**. You made an interesting statement that the use of marihuana does not lead to the use of other drugs.

Dr. **Ungerleider**. Not causally lead. That is right.

Mr. **Murphy**. Well, you may be right, but the testimony we have received around the country from the students themselves, Doctor, is to the contrary. They all admit they started with marihuana and it led to something else. I don't know if we are speaking on the same terms here. Do you disagree with that?

Dr. **Ungerleider**. There are two drugs statistically which are the greatest precursors to the use of any other drugs and those are alcohol and tobacco. And if young people do not use alcohol and tobacco, they won't smoke marihuana. If they smoke marihuana, there is no causal effect where it goes to other drugs. There is some statistical likelihood they will experiment with other drugs more than a non-marihuana-using group.

The highest likelihood, although it is not particularly high, is LSD and the lowest is heroin. So the theory one leads to another causally, I think is not very tenable. We went into this in great detail in our marihuana report.

Mr. **Murphy**. Are there surveys on this?

Dr. **Ungerleider**. Yes, not only in our 186-page marihuana report. "Marihuana: A Signal of Misunderstanding," but in the 1250-page appendix, I think you will find all kinds of data about that. And I would be especially skeptical of all kinds of data and especially data like was reported about these things in the paper, where you asked the student how many people in his school are using and he says 75 percent are using.

I think there is a lot of work to show you can get any kind of statistical result you want.

Mr. **Murphy**. You can also get it from school officials who don't want to recognize the problem, too. Is that correct?

Dr. **Ungerleider**. Sure, that is why we spent such a fortune on the survey and had all kinds of individual interviews, and so forth.

Mr. **Murphy**. So it works both ways. There are people who want to minimize it.

Dr. **Ungerleider**. Absolutely.

Mr. **Murphy**. And there are people who want to exaggerate it.

Dr. **Ungerleider**. Absolutely.

Mr. **Murphy**. Well, Doctor, I think you brought up another good point. You showed some headlines and mentioned the fact that there was a local personality just recently in the news. Do you have any suggestions to control that? You are dealing with the first amendment, the press, and their license to exaggerate or elaborate beyond reason.

Dr. **Ungerleider**. Do you mean, do I advocate censorship? No, I don't. I advocate responsibility and we do have some responsible journalists that are involved in the responsible reporting of things.

But I remember when we released some statistics about sexual behavior and marihuana, which were just statistical correlations. They were no big deal. One of the San Francisco papers headline, "If you like sex, you will love pot." That kind of thing. And then, of course, people who are journalists say, "We don't write the headlines. Those are the headline writers, and they are a separate group of people." It sells papers, I guess.

Mr. MURPHY. This committee has familiarized itself with a lot of fine groups: the Seed program in Florida, obviously your program here, DARE, and fellows like Mr. Patterson and his group. We had several Mexican-Americans here yesterday who have a very fine program. The problem is how to channel money to these programs; a very difficult problem for us in the Congress.

Even if we could come up with criteria for funding, following through to check out what programs are really worthwhile and doing the job that we are giving them the money to do is a very serious problem. You opened your remarks by saying we had to define our terms. This is a difficult thing and a problem that we in the Congress face, not only in the drug problem but with everything else.

For instance, recently there has been a report by a watchdog governmental subcommittee concerning LEAA funds. We discovered that a lot of that money is being wasted around the country. I am sure that the Members of Congress who supported LEAA funding, voted in good conscience that that money should reach the problems and result in improved conditions. We found just the opposite in many cases.

So it is a difficult problem.

Dr. UNGERLEIDER. It may be an impossible problem. I am very depressed about this and I get more depressed the more contact I have with it. And I sit on some of the LEAA funding agencies. It is a most difficult problem. I don't have the answer to it; I wish I did.

Mr. MURPHY. I think the only answer then, Doctor, is to simply march along in our clumsy way to try to meet the problems and fund the necessary programs.

Dr. UNGERLEIDER. And try to get evaluations. For example, you say I have a good program, or the Seed in Florida. How do you know? Have you seen evaluation data? In other words, be skeptical of me, of everything. I think one has to be skeptical.

Mr. MURPHY. There is no question about it. I did see manifestations and ramifications of the Seed program. I haven't seen your program and I just take it on word value that you do have a good program. I did see Mr. Patterson today. I could see the faces of those youngsters.

Dr. UNGERLEIDER. That was very impressive.

Mr. MURPHY. It was very impressive.

Dr. UNGERLEIDER. It was exciting.

Mr. MURPHY. It was exciting, and again we will have to go along in our clumsy way and keep funding these things the best way we can.

Thank you, Mr. Chairman.

Chairman PEPPER. Mr. Winn?

Mr. WINN. I have no questions.

Chairman PEPPER. Doctor, is it your opinion that if adequate funding were made available that it would be possible for the school authorities, in conjunction with those whom they might wish to consult, to develop programs in schools or related to the schools which would be helpful in the prevention of the abuse of drugs and the use of drugs and would also tend to get off of drugs those who have fallen into their use or abuse?

Dr. Ungerleider. Yes. I would agree 100 percent the way you phrase it. This is absolutely true.

Chairman Pepper. I have been very much impressed. Now, here at this hearing, we have had some splendid evidence of efforts being made by schools. In the instance of yesterday when we had representatives of three of the excellent local schools, without any outside funding at all, they were just struggling along with the personnel that they were able to find from within their own ranks, and sometimes they were sort of robbing other programs in order to get the money for their own.

Mr. Patterson's program, I believe, has some Federal funding. But they all are getting results when they have an opportunity to put these programs into effect.

Dr. Ungerleider. Without funding, if the funding doesn't eventually come, then I am afraid the natural history of these programs is that the person burns out after a few years. The charisma of the person who started it fades. We had a fine program here called DAWN—Development of Adolescents Without Narcotics—two schoolteachers here in town started it and they closed down recently. They went for 3 or 4 years and it was just too much trouble and the funding was such a fight and they weren't an institution, and they closed down. They were innovative and creative and they used the people from the schools, and they are closed. And that is a tragedy.

Chairman Pepper. We had, as you know, some very excellent witnesses here and we had some excellent witnesses in San Francisco, one of whom impressed me and I believe Mr. Waldie expressed the same view, Mr. Marcus Foster. He is superintendent of the Oakland schools. I thought he was one of the best witnesses I ever heard. He came and testified before the Education and Labor Committee in Washington.

He was talking about the enrichment of not only trying to get the students into thinking in terms of what they can do to enjoy life without drugs and to become meaningful people without drugs, but also the curriculum and making it more interesting.

We had a student in San Francisco—and others have said the same thing in other parts of the country—who said he never did go to school except to get drugs. He said he could get drugs in school, but wasn't interested otherwise.

In Chicago, Mr. Murphy will recall, the medical examiner there, Dr. Abrams, testified that there were 12,000 school dropouts in the Chicago School System: and Dr. Abrams thought a great real of these dropouts were attributable to frustration, disappointment, and failure. They just didn't find stimulation in the curriculum and the like.

We haven't as a committee had an opportunity to mature our thoughts and our recommendations on the matter, but I personally think that the Federal Congress should appropriate quite a lot of money and help the schools. Don't put any tags on it: don't make it categorical in the sense it has got to be given the children of poor families or anybody else. Give the money to the school authorities and encourage them to develop exciting programs, and give them a chance to be imaginative and innovative in the programs.

I think we will find the school authorities could do a very fine job in dealing with this problem.

Dr. **Ungerleider.** I think that is what we really need.

I wish we in California had been able to implement some of the policies that Illinois has been doing, initially under Dr. Jaffe and now Dr. Senay, and with Mitchell Ware of the Chicago Police Department and the FBI, and people of that caliber. Unfortunately, this is a big State and it has been difficult.

Thank you.

Chairman **Pepper.** Thank you very much, Dr. Ungerleider. We appreciate your comments.

Good luck to you, Doctor.

Mr. Counsel, will you call the next witness.

Mr. **Phillips.** The next witness, Mr. Chairman, is Dr. William J. Johnston, superintendent, Los Angeles Unified School District, and a number of the members of his staff.

STATEMENT OF DR. WILLIAM J. JOHNSTON, SUPERINTENDENT, LOS ANGELES (CALIF.) UNIFIED SCHOOL DISTRICT; ACCOMPANIED BY LEON KAPLAN, DRUG ABUSE COORDINATOR; AND DR. J. C. CHAMBERS, PRESIDENT, BOARD OF EDUCATION

Mr. **Phillips.** I believe, Dr. Johnston, you have a presentation that you have submitted to the committee. We have distributed copies of it. Would you please proceed.

Dr. **Johnston.** Thank you very much.

Mr. Chairman, members of the committee: Before beginning my remarks, may I express appreciation to you, Mr. Chairman, and to the members of the committee, for this opportunity which you have given to me to appear before you this morning. I would like to introduce three members of our board of education that are here, Mr. Chairman.

Dr. J. C. Chambers, who is president of our board. Dr. Chambers, would you stand. Mr. Richard Ferraro and Dr. Julian Nava. These are three members of our board.

Just a moment ago, Dr. Donald Newman had to leave. He is a member of our board of education, but he is the team physician and there is a championship football game at 1 o'clock. Dr. Newman was quite torn by not being able to be here because he not only is a board member and a physician, but he serves as chairman of the subcommittee on Narcotics and Drug Abuse for the Los Angeles County Medical Association.

Chairman **Pepper.** We wish to extend a warm welcome to the members of the school board coming here today and thank you very much for the interest you are manifesting in this problem by your presence here.

Dr. **Johnston.** Thank you.

I welcome this invitation to acquaint members of the committee with some of the efforts which the Los Angeles city schools are carrying out to help curb, and even eliminate, this tragic and deadly disease which threatens the very fabric of our community.

I commend the committee, and particularly our two California Representatives—Congressmen Waldie and Wiggins—for your sensitivity to this problem, for your foresight in focusing attention on this crisis and for your commitment to rid our communities and our schools of this cancer which attacks our young people.

In Los Angeles, it is our hope that your deliberations will result in the development of legislation by this committee—or by other appropriate committees of Congress—that will effectively help reduce the drug abuse problem.

I emphasize this point because I want to make it as clear as I can that the whole question of drug abuse and trafficking in drugs is not a school problem alone. It is a community problem.

Further, I feel it imperative that we all understand that drug abuse is a complex problem for which there is no single approach or solution. Measures for its prevention, treatment, and control demand a coordinated attack on the causative factors—by parents, the schools, law enforcement agencies, other community organizations, legislative bodies, and the courts.

That is one reason why I was happy to receive your letter, Mr. Chairman, informing me of this hearing, for it gave me a feeling that perhaps—at long last—we might be able to look to the Federal Government for legislation, and more importantly, for funds, to help us on the local scene.

However, members of the committee—to use the vernacular of the younger generation—and "tell it like it is," the statement of your chief counsel to the press earlier this week has caused me to view this series of hearings with some mixed feelings.

I have reference to the series of broad-brush charges which have been made—to the effect that:

> Even though the narcotics and drug problem is prevalent in all areas and at all levels, the school authorities have done little or nothing to combat it.

That's a direct quote. There were other comments in a similar vein.

Because of these unfortunate, highly damaging, and completely erroneous statements, I find it necessary to concentrate my remarks to you this morning on a correction of the record—and to deviate from the prepared statement which was distributed to you by my staff prior to my appearance here today.

I must assume that the statement given to the press by your staff was based on some kind of exhaustive investigation. Such an investigation should have been developed with Mr. Leon Kaplan here, who is our drug abuse coordinator and is one of the most outstanding school authorities on drug abuse education in the Nation.

Additionally, your investigative staff would have found that our work in the area of drug abuse education has been going on for several years and is considered to be one of the best in the Nation.

Another example—your staff's press briefing paper discusses a "Los Angeles County School System." There is no such thing. There does exist an office which is known as the Los Angeles County Schools Office. In this county, there are 96 separate school districts, each with its own board of education and its own administration and staff. I am here this morning representing one of those 96 Districts.

Still another example—the press statement says there are 652,000 students in the county of Los Angeles. The facts are that there are nearly 1.5 million students in the county. My district—the Los Angeles city schools, one of the 96 in the county—has approximately 625,000 students enrolled in our schools.

The press statement implies that the Los Angeles schools—and by that wording, I must assume that reference is made to our district—

have not conducted any surveys of drug abuse in the schools— a necessary first step in any attempt to combat the drug problem. It further indicates that we turned down a request by a university group to conduct such a study.

Two years ago we received a single telephone call from an individual representing Columbia University who asked that she have questionnaires sent to students. We were required under the education code in this State that such questionnaires first be approved by their parents before they can be sent. This information was relayed to her and we have not heard from her since.

I can tell you, however, that we do conduct studies and surveys on a continuing basis to determine the extent and changing nature of the drug abuse problem. These studies are both our own and those conducted by community or university groups. At the present time, for example, we are working with a group from Princeton University on such a study and we are cooperating with a San Fernando Valley Community Mental Health Center on another survey and on an East Los Angeles narcotics prevention program with Mr. Juan Acevedo. These are just three examples of how we work with outside groups.

I also have here exhibit A I will call it, a copy of a report published by the Los Angeles Unified School District's Division of Planning Research and Development. It is entitled, "Report on Narcotics, Dangerous Drugs, Hallucinogens, and Inhalants"—it covers a period from September of last year to June of the current year.

It was developed by a request for information from our office to principals of all schools, which said, in part:

> Data regarding the incidence of drug abuse at all school levels must be compiled for periodic reports that are requested by various government and community agencies, and for the development of an effective program to combat drug abuse. * * *

Chairman **Pepper**. Excuse me, Doctor.

Dr. **Johnston**. Yes, sir.

Chairman **Pepper**. Without objection, the exhibit to which you referred will be incorporated in the record.

Dr. **Johnston**. Thank you, Mr. Chairman.

(The exhibit above-referred to will be found at the end of Dr. Johnston's testimony.)

Mr. **Wiggins**. Just one moment, please, Doctor. I want to be sure I am referring to the right document. Would you describe it again? Just the title?

Dr. **Johnston**. Yes. Mr. Kaplan, do you want to refer to the title?

Mr. **Kaplan**. Yes. This is a "Report on Narcotics, Dangerous Drugs, Hallucinogens, and Inhalants," for the school year 1971–72. The dates, September 14, 1971, through June 16, 1972. It contains the narcotic drug or substances abused, the nature of the incident, whether it is influence, possession, sale, or furnishing, and also it contains the disposition of each case, how it was handled.

Mr. **Phillips**. Mr. Kaplan, is that a summary of the arrests that took place in the schools?

Mr. **Kaplan**. This is not a summary of arrests.

Mr. **Phillips**. A summary of incidents that took place in the schools?

Mr. **Kaplan**. These are all kinds of drug abuse incidents that may have occurred.

Mr. PHILLIPS. Is that a survey of the schoolchildren to tell how many times they are using drugs, how many children are using drugs?

Mr. KAPLAN. No, this is not.

Mr. PHILLIPS. You have no survey, do you?

Mr. KAPLAN. No, we don't.

Mr. PHILLIPS. Did you announce to the press that you did have such a survey?

Mr. KAPLAN. Pardon?

Mr. PHILLIPS. Did you announce to the press you did have such a survey?

Mr. KAPLAN. We did not——

Mr. PHILLIPS. I saw you on television saying such a survey existed. It was reported to me by a number of newspaper reporters. That is, in fact, false. You do not have such a survey; is that the case?

Mr. KAPLAN. We have not made a survey to ask each individual child whether or not he uses drugs.

Mr. PHILLIPS. Did you report to the press contrary to that? You stated to the press that you conducted a survey: isn't that the case?

Mr. KAPLAN. Many surveys, as Dr. Johnston has referred to, and there are others we have talked about.

Dr. JOHNSTON. I know that the mission of this committee is to find out the extent of the problem with the purpose of trying to recommend corrective action at the Federal level. However, a statement such as that issued by your staff Thursday merely contributes to the problem, it becomes part of the problem, and may have a highly damaging effect on what we are trying to do.

In my prepared statement distributed to the committee earlier, I included a set of statistics pertaining to drug arrests, to give one indication of the nature and extent of the drug abuse problem in our schools.

I will not attempt to repeat them here, other than to indicate that the data we have received show a definite reduction in total drug abuse incidents from a high in 1969 of 6,639 arrests to 3,891 arrests in the close of this past school year.

Mr. PHILLIPS. Dr. Johnston, just on that point, if I might interrupt you. We were advised by witnesses yesterday and by other people in the school system that a change in policy has occurred in the Los Angeles City School System, that now it is no longer the policy to arrest every child who appears under the influence of drugs, that his parents are now called and the child is taken home, so that those cases no longer result in an arrest and they are just treated informally in that manner.

Dr. JOHNSTON. Mr. Phillips, that isn't correct. May I ask Mr. Kaplan to comment?

Mr. WALDIE. Before that, may I suggest, counsel, that the witness conclude his statement and then we can examine him on aspects of it with which there is question?

Chairman PEPPER. Go right ahead, Doctor.

Dr. JOHNSTON. Thank you.

Mr. Chairman, I would just comment, too, that of these arrests, 10 percent, in round numbers, were referred by the school.

This reduction is supported by reports from our principals, vice principals, school nurses, pupil services and attendance counselors, security officers, and teachers.

Significant changes are noted, however, in the most recent arrest data for the period from July 1 through November 30, 1972—an increase from 1,282 to 1,555. Law enforcement reports regarding pupils enrolled in the Los Angeles city schools indicate a 21-percent increase in arrests for the summer vacation period and the beginning of the 1972–73 school year, in contrast with the same period a year ago.

Maybe there is some correlation with the fact that youngsters are out of school with time on their hands. Perhaps Federal funding to provide summer jobs, as has been urgently recommended by our mayor, Sam Yorty, would be an appropriate recommendation for this committee.

The number of arrests for possession has risen from 672 to 941, or 40 percent. Further, the number of arrests involving marihuana has grown from 471 to 809, or 72 percent. Arrests for the abuse of inhalants have risen from 68 to 165, or 143 percent. Yet the number of arrests for use of dangerous drugs has dropped from 456 to 315, or 31 percent.

These recent reports emphasize the dynamics of the drug abuse problem and the need for continuing and intensive efforts by schools and the community to combat the problem.

I call particular attention to this last sentence—and particularly the words, "continuing and intensive efforts by schools and communities. * * *"

I do so because I can't stress too strongly that in Los Angeles, we view the problem of drug abuse as a communitywide problem—and not just as a school problem. Therefore, if we are to be effective in the eradication of the problem, we must mount an effort that includes all segments of the community.

This brings me to a short summary of what we are attempting to do—bring to the attention of our pupils, parents of our students, and to our staff the dangers of using narcotics.

Since 1963, we have conducted an intensive program to make our students, especially our junior and senior high school students, aware of the harmful effects of alcohol, tobacco, and narcotics. A growing awareness of the increasing narcotics problems led us, in the middle- and late-1960's, to concentrate on providing specialized training to our teachers and administrators. These programs were expanded as the problem of drug abuse increased in scope and severity. In 1968, all junior and senior high school personnel participated in a districtwide staff development program on drug abuse. Every one of our staff.

In March of 1969—the reports of your staff to the contrary—a districtwide study was conducted in the Los Angeles schools in the area of drug abuse. I have here a copy of that survey, entitled, "Drug Abuse Education and Control in the Los Angeles Unified School District." (For copy of report, see material received for the record at end of Dr. Johnston's statement.)

The purpose of the study was to assess policies, practices and services then in effect as a means of developing cooperative community and school educational and control programs.

More specifically, the study was undertaken to determine administrative policies for control, referral resources for treatment and rehabilitation, and staff opinion of the effectiveness of instructional programs then in effect.

The findings and recommendations contained in the report have served as a blueprint for the philosophy, policies, and programs that have since been adopted.

I might add that this publication has been distributed nationwide, including Representative Alphonso Bell's committee on the Drug Abuse Education Act of 1969.

May I also call to your attention two publications produced by our district which have also received nationwide attention—"Drug Abuse in the Elementary School," and "Drug Abuse Control, Administrative Guidelines." (For copy of report, see material received for the record at end of Dr. Johnston's statement.)

I am informed by staff that the latter publication has been requested by more than 200 school districts throughout the United States and that the other one is in high demand as well.

Again, I call these to your attention as two more indications of our serious and concerted efforts to combat this problem in our schools, despite severely limited resources and demands for us to meet other pressing social, economic, personal, educational, and intellectual needs of our students.

Although the Los Angeles School District has been confronted with financial crises during the past several years, it has been able to implement or contribute to many effective and innovative drug education programs and activities. And I say that in light of the fact that our school district, because of its limitations, has eliminated its sixth period for all secondary schools.

We have terminated a number of employees in recent years and we are not offering the services that we would like to offer as a school district.

But here are a few samples of some of our efforts:

(1) Establishing in 1969 of a school-community drug abuse council composed of 50 members, including representatives of 20 key community and governmental agencies.

(2) Development of pattern-setting administrative guidelines for the control of drug abuse.

(3) Presentation of inservice activities for employees at all school levels.

(4) Intensive training in group counseling for 50 certificated employees.

(5) Participation in the planning and conducting of community education programs in cooperation with civic groups and the media.

(6) Participation of parents in drug education programs sponsored by school personnel, PTA's, school-community advisory councils, and church, fraternal, and civic groups.

(7) Establishing—and I think this is significant and highly important—of the Kiwanis-Los Angeles City Unified School District Drug Abuse Education Foundation, which represents 2,000 members in 50 Kiwanis Clubs throughout the greater Los Angeles area. The foundation serves as a vehicle for community involvement and support of our district's drug abuse prevention activities. Projects with a total cost of $31,644 have been funded since the foundation was organized and approved by both parties in April of 1970.

(8) Funding by the Kiwanis Foundation of projects proposed by students, parents, and staff workers at individual schools on the basis

of local needs. I know of no other place in the Nation, Mr. Chairman, where that kind of cooperative relationship exists. It has to serve as a model for other districts and communities.

(9) Establishing of rap rooms, chiefly in senior high schools.

(10) Forums and lecture programs sponsored by our adult education division.

Mr. Chairman, these, in brief, then summarize some of the efforts that this school district, as one of 96 in the county, has made.

I deeply appreciate the opportunity to appear before such a distinguished body to discuss such a critical problem in our total community.

Chairman **Pepper**. Mr. Waldie?

Mr. **Waldie**. I simply want to say that I was personally convinced from our hearings in the north and from information I had received yesterday in the committee, that the extent of the problem has been accurately defined in your statement; that though drug use may very well be continuing, drug abuse seems to be subsiding. Yet I have not been able to determine in my own mind precisely why that phenomenon is occurring, as welcome as it may be.

I would ask you, Dr. Johnston or Mr. Kaplan, whether you believe that is because there is an improvement in the entire society in terms of drug abuse, or whether the improvement is most dramatically found in this one institution of the entire society, the educational system. If it is the latter—and I apologize for the complexity of the question—that the improvement is most dramatically noted in the educational system, is that, then, because of programs that we have adopted in the educational system, seeking to either educate or seeking to turn on students to activities other than the use of drugs?

I would appreciate any comments either of you may care to make on that complex question. I will straighten it out if you need it.

Dr. **Johnston**. Mr. Waldie, I agree it is a complex question, but the issue is complex.

This is a feeling that I have, that through the many efforts, such as our Kiwanis activities, our community efforts in the school district's instructional staff, I have come to believe that there is now an awareness by students of the dangers, a personal awareness that has passed from student to student, that to get hooked on this habit can be the end. And I really think that the situation has peaked and is diminishing in severity.

So it causes us to have hope that we are making a dent in the problem, which seems to be the case, but to redouble our efforts to find otherwise.

I am very concerned, as one school superintendent, of what happens in this urban community during the summer period. We really need some work opportunities for young people, productive, meaningful jobs. The rate of unemployment for the age group of 16 to 23 or 25, is extremely high, and even many times higher for the inner-city young person.

This is a positive effort, while not directly related to drug abuse, but it is going to have a positive effect on the lives of individuals and that is what we are interested in.

Maybe Mr. Kaplan wants to add something.

Mr. **Waldie**. I have yet to discover, in either appearances with the committee or in my personal exposure to people in the educational system, a lack of concern with the problem. I have found confusion as to the means of addressing the problem, but that is only a repeat of the confusion that the entire society possesses in terms of how to provide solutions to the problem.

I have also found a thread in these hearings that is clearly identifiable, and that is the concern and the desire to do something, whatever that might be, to address this problem is greatly inhibited by the lack of financial support. I would suspect that the only function that this committee, or any congressional committee, can properly perform is a determination of the extent of the financial support that we might provide in an attempt, as imperfect as it might be, for us to make some decisions as to the approaches that seem most responsible, given the priority and necessity of determining expenditures.

Your statement is the first that I have come across that sets forth some fairly accurate projection of moneys needed, that you believe will assist in these approaches to the problem.

Another issue came up yesterday that interests me in this hearing and that involved the portion of the approach that embodies the establishment of a security system in the school system. This was testimony to the effect that the dealing in drugs among young people quite naturally occurs where young people are congregated in greatest numbers, and that happens to be the school system. And clearly, again, it seems to me, one of the answers to the problem is to deal with the dealing aspect of the problem.

There are a variety of aspects to the problem. That would seem to be one. If it is true that, as the testimony yesterday indicated, when the heat is on the dealing diminishes, and thereby the quantity of drugs available within the school system diminishes, then I am curious to know what sort of security systems are in use in the schools under your jurisdiction; and if you have found one particular system that holds the greatest promise.

Dr. JOHNSTON. Thank you, Mr. Waldie.

In our school district we employ approximately 150 security agents, in round numbers, two-thirds of them working days where students are involved and one-third patroling the facilities at night.

A somewhat related problem of the moment and of great concern to us—not a drug problem—is young people coming on school grounds carrying armed weapons, deadly weapons as defined by law. In fact, the rash of incidents is four times what it was a year ago. So our board has taken desperate measures, if you will, to combat this particular problem and our major approach has been to formulate a new kind of individual to employ in the district, and the title is a "Campus Safety Aide."

I will translate that now into what that individual is. This is a parent, someone who lives across the street or in the community, who is identified with the purposes of that school, who is committed to creating a safe climate for learning in that school. The unique and wonderful thing about this particular program—and we are employing 100 of these individuals—is that they may be identified and hired by that school principal on a part-time basis, 79 hours a month.

This individual, I believe, on the school campus helping us to patrol restrooms and patroling the grounds and seeing that only students who are legitimately enrolled in that school are there and present, can have a great influence on our success.

And if there was any one group we have to appeal to, it is the parents. We have to say the school doors are open to parents. Come in parents, because we want you involved, because their knowledge, their awareness, their identity with the purposes of the school, to me, can have the most positive results, not only on the drug problem but the vandalism problem, the violence problem—you name it.

Mr. WALDIE. Are those funds provided strictly from your local budget?

Dr. JOHNSTON. Totally, Mr. Waldie. These funds are commitments from the Los Angeles city schools' budget and until the passage of SB–90 just last week, we were in a very disastrous, unbelievable financial condition as a school district. This issue takes money away from the instructional program, obviously.

Mr. WALDIE. It would seem to be that might be a very productive area for the committee to involve itself in. I think that, because I have noted the tendency, at least in the Congress, that we are generally more successful and there is an important receptive climate when we seek funds for law enforcement purposes than when we seek them for other purposes.

I am sorry that that is so, because I think that is not necessarily the priority.

But to the extent we can provide funds in this area for you, it would, I am certain, assist you in your educational and instructional program.

Dr. JOHNSTON. Thank you, Mr. Waldie. I am encouraged by your comment.

Could I also add the dimension of health education. This, again, the necessary nurses, the health aides, the doctors, all of the facilities that we have for health purposes again take dollars away from the instructional program. They are a must. They are necessary, but it would be a welcome relief to have the kind of assistance you have described.

Mr. WALDIE. Just a final comment. I appreciate the testimony. I trust that to the extent you believe actions of our committee have made your problem more difficult, that your opportunity appearing here will assist in that regard. I recognize the sensitivity of the problem of a congressional committee coming onto a scene, very briefly, and leaving the scene as soon as they have their hearings. The consequences of their being there, we hope, would be positive.

To the extent that they are negative, we have not done anyone a service. I am aware of the possibility of that situation existing in this particular area.

Thank you.

Dr. JOHNSTON. Thank you, sir.

Chairman PEPPER. Mr. Wiggins.

Mr. WIGGINS. Thank you, Mr. Chairman.

Dr. Johnston, just following for the moment the remarks just concluded by my friend and colleague, Mr. Waldie, to the extent that sweeping statements made by this committee have embarrassed the local school district, and to the extent the evidence which will be produced at these committee hearings do not support those generalizations, I personally regret and apologize to the board and to those school administrators implementing the policies of the board, for those statements.

Now, Doctor, I would like to ask a series of questions in three areas. One, the nature and extent of the problem of drug abuse in the Los Angeles Unified School District; what, precisely, you are doing about it; and, finally, questions dealing with the delivery of Federal funds to combat this problem.

I have before me your exhibit A, which is entitled "Report on Narcotics, Dangerous Drugs, Hallucinogens, and Inhalants, September 14, 1971, through June 16, 1972." And I would like for you to refer to it, if you would, sir.

I am concerned that this may be an inaccurate portrayal of the extent of the problem in the Los Angeles city schools. We have had some evidence by young people that the problem is quite extensive, using percentages that would shock the sensibilities of all of us: "75 percent or thereabouts of young people are involved to some degree in the drug abuse scene in this area."

This report marked exhibit A has a total of 863 incidents reported for a school year from a school population of 625,000. That is a very modest number of reports, tending to suggest that the problem itself is quite modest.

Would you comment, please, on whether or not the number 863 is a fair measure of the extent of the problem in your school population?

Dr. JOHNSTON. Thank you, Mr. Wiggins.

I am going to ask Mr. Kaplan to comment on this number.

Before he does, I wasn't aware of the testimony by the student that was given and this statement of the percentages. This is a statement of a student who is no longer in school recalling what he believed to be the fact. It might be perhaps more meaningful and more realistic, if in fact the testimony from students could be student body presidents or student leaders of respective schools, we would have a more positive identification, or more realistic identification, of the extent of the problem.

I tend to personally disbelieve the statement that 75 percent of the students of a given school. I believe two of the people that were on the panel that spoke to the committee were from the Los Angeles City School District.

Mr. WIGGINS. Before Mr. Kaplan starts, I certainly tend to agree that we have to view with caution these various subjective statements by students concerning the nature and extent of the problem, but a good, hard, objective figure that cannot be hidden is the fact that 150 teenagers turned up dead last year from overdoses.

Now, that is an objective fact. That statistic is a countywide figure and does not necessarily relate only to the Los Angeles City School District.

But the Los Angeles city school area encompasses a large part of the county and I am sure a large number of that 150 would fall within the jurisdiction of the Los Angeles city schools.

I really would like you to comment, Mr. Kaplan, if you would, on the nature and extent of the problem, as you determine from the surveys you testified to, in the Los Angeles City School System.

Mr. KAPLAN. Yes, Mr. Wiggins. The data that you have before you, exhibit A, are reports of incidents of drug abuse that have occurred during the school hours, or in a school-related activity, like a sports night or football game, where we have responsibility for the youngsters. It does not reflect other kinds of abusing of drugs that occurs in nonschool hours.

As in all data collecting, when you ask staff, even though there is a very strong directive, accompanying an explanatory memorandum to all school administrators that they must report every incident, I would be the first one to say it would not be 100 percent accurate, because the human factor is involved.

But from the data that we have, and measuring that with the percentage of arrests that occur that are nonschool as well as school, it seems to relate accurately to the trend that we have noted.

For example, under "disposition." Dr. Johnston mentioned to you that approximately 10 percent of the arrests reflect school incidents. This exhibit shows we made 381 referrals to law enforcement during the last school year of on-campus-related situations. If we look at the number of arrests in 1971–72, for example, reported on page 3 of the superintendent's original statement, there was a total of 3,891 arrests. My mathematical calculations put that pretty close to 10 percent. So I don't know any other way of validating anything, but it may be in the ball park.

I also am very reluctant to play the numbers game, not just to ask students and take that as data that 75 percent of the youngsters are using. I think as adults, we have to be rather cautious in using the numbers game, as well. There is so much speculation, so many variables in this.

But in speaking of other backup to this report, we have some other data that may be significant in terms of Mrs. O'Flynn's testimony yesterday.

You asked Mrs. O'Flynn about the citywide picture, which is not really a fair question to pose to a school nurse in one of our 600 schools because she is in no position to determine that. But you would be interested to know that the county board of education, which Dr. Johnston referred to, under authority provided in the California Education Code, has required every school district in the county to report all incidents of severance of attendance because of a drug-related incident that occurred during the last year.

We complied with that request in this fashion. We not only asked school people—and I am getting into this human factor where you can get some variables—we not only asked school administrators to report every incident where a child was transferred to another regular school because of a drug situation, but I also sent to each school, the pupil services and attendance counselor, to double check with the reports that went into this particular summary sheet to determine the actual situation on the scene and to validate each one of the reports.

You would be interested to note—and I went back to the office last night and tallied the data for our 49 senior high schools—twenty-three reported no severance of attendance for the first half of the school year—that is about 50 percent. And for the second semester, 25 senior high schools had no severance of attendance.

Also, two elementary schools found it necessary in their processing of the case with families and helping youngsters, to change the school situation for any pupil during the last school year because of a drug situation.

Furthermore, on the junior high level, we have 75 junior high schools, and for the first semester 48 of those 75 reported no such severance. And for the second semester, 34. The total number reported of transfers to another regular school was 113 for the school year. One hundred and thirteen such actions that seemed advisable to be taken for some 600,000 boys and girls.

Whether this is another kind of statistic or so that seems to indicate that there might have been some lessening of actual incidents in school, you will also have to enter into that judgment, possibly.

Mr. WIGGINS. Mr. Kaplan, before you go on, we all agree, I believe, this numbers game is only important in understanding whether there is a serious problem.

Mr. KAPLAN. That is right.

Mr. WIGGINS. I think your very presence and the title you hold is indicative that this school system does regard the drug problem as a serious one; does it not?

Dr. JOHNSTON. Precisely.

Mr. WIGGINS. So let's leave it at that, then, just for the moment.

I am concerned about the statistics quoted in your prepared testimony, the latest statistics available for the period July 1 through the end of November, which does show an increase in some areas. I would like whichever one of you is best able to do so to comment upon the meaning of those statistics.

Mr. KAPLAN. This, again, is an attempt to compile all of the data we have and try to do some interpretation on the basis of trends. I don't know at this point. We work very closely with the law enforcement agencies in all of our work. I am going to depart for one moment here to emphasize that we were probably the first school district of any size in the United States to develop the school community approach to the drug abuse problem through our school community drug abuse council.

We worked very closely with, as Dr. Johnston indicated, some 20 agencies. The Los Angeles Police Department and the sheriff's department are part of that cooperative effort. They noted this upswing as reports started to come in. We did the data processing on it and as we made the compilation just a few days ago, we verified that this has occurred.

Now, to give you the reasons, I can only speculate at this time, which I hesitate to do, but I do feel that if this is a trend there are some very significant findings here that are coming to the surface.

The marked increase in the number of marihuana incidents. For many, many years, marihuana violations have been constant, minor fluctuations, but it would stay constant year after year after year as we evaluated the data.

The dangerous drugs category, however, was the reverse. It just spiraled, and at one time made an increase of 1,000 percent; and a marked increase in the number of girls involved. Why, in this short period of time—and really it is about 2 months of school time since the summer period that was referred to—is there a decline in the number of dangerous drugs arrests, from 456 to 315?

This is the first time this has surfaced for us. So I think it would be premature for me to try to interpret the data without much more study.

Mr. WIGGINS. I appreciate that, Mr. Kaplan. I understand your reluctance to draw conclusions on the basis of preliminary data. We all are. But the only statistic that is down today relates to dangerous drugs and all of the rest of them are up.

Mr. **Kaplan.** Right.

Mr. **Wiggins.** I am sure you would look at this as a danger signal. It is no answer to say it encompasses the summer vacation period, since the prior year, against which we are measuring the change, also encompassed the summer period. I am sure you are going to follow that trend closely.

Mr. **Kaplan.** Very closely.

Mr. **Wiggins.** Now, I would like to ask a series of questions about what goes on in your schools to deal with the problem which you have acknowledged to be a serious problem.

We have had testimony from two or three schools about their problems and it may or may not be representative of the kinds of things going on throughout the district. We don't know this and the prior witnesses are in no position to answer that. I would like you to take, for purposes of the answer, a typical senior high school within the Los Angeles City School District, and describe what is being done in that high school with respect to drugs.

Now, I would like that description to include such matters as education of the teachers and the students, to include such matters as enforcement if there are any such policies, such matters as counseling and the use of outside resources in order to assist in that counseling. Whichever one of you would like to respond to that, I welcome your answer.

Mr. **Kaplan.** May I?

Dr. **Johnston.** Yes.

Mr. **Kaplan.** Are we using the term "typical senior high school"?

Mr. **Wiggins.** Senior high school.

Mr. **Kaplan.** Our senior high schools are 3-year high schools, with very few exceptions, and we have 49 such facilities. The educational program, as far as formal education in the drug education, is placed in the health education unit—the health education course which was referred to in the previous testimony. This is a required course for all senior high school pupils. It is a one-semester course and one of the major units deals with the drug situation.

In addition, you will find instruction in science classes, physiology classes, government classes, contemporary American problems, psychology classes, and so forth. There also will be some discussion in those schools in programs where they have student government and homeroom programs.

The educational program that is very often referred to is one—and particularly if we discuss it with the youngster who has been through our school system a year or two or three ago—that is not up to date, because this is a changing scene. Our knowledge has been modified through the years on the basis of our greater understanding of the drug abuse problem, and rather than emphasize pharmacology and the showing of films alone, which used to be the pattern until recently, we are emphasizing self-concept, self-image, relationships with their peers, relationships with the teaching staff, humanizing instruction, the problems of decisionmaking—this is where the emphasis is.

We worked in our school district a year ago with an NIMH grant that was given to UCLA to develop the social seminar program for teacher education in this country. And you would be interested to know that in all of the films that were developed, hardly—maybe in one or two where we are dealing with families—does the word "narcotics" or "drugs" come into it. It is getting into alternatives and these other things that are the basis of the drug problem.

Mr. WIGGINS. Are all of your secondary and senior high school teachers trained to some extent in the area of drug abuse education?

Mr. KAPLAN. Yes.

Mr. WIGGINS. Just a moment before you go on.

One of your principals, who is probably closer to that situation than you are, says that he believes that to be so, but doesn't know it to be so, because it is a pretty much self-starting operation on the part of the teachers. That is, it is not organized instruction so far as he knew, but rather an independent effort on the part of the teacher during the day and the night, et cetera.

Would you comment on that?

Mr. KAPLAN. I am delighted that you posed that question because I am going to try to maybe turn it around. I think your observation, the principal is closer and should be closer, is a very true one. However, in this particular instance, I was much closer than the principal because the principal was on leave of absence last year when we conducted one of the major workshops in his school for his staff.

He wasn't here at that time. We also—and I am going to continue, if I may—funded through the Kiwanis Foundation, 10 schools to help them develop their own self-determined program for their faculties and students and the advisory councils as they worked them out. And one of the uses of the funds at that particular school, Monroe High School, was for staff development.

Also, through the foundation, we took representatives from all of the schools in the area, every senior high school and 71 teachers and administrators, to Camarillo for weekend retreats on drug abuse. Students then returned to their own schools to implement programs. That particular school had the greatest representation of any of the schools in the school district.

Mr. WIGGINS. I am not focusing on that school. I am just questioning your statement that you did not admit of any exceptions, that all of the teachers in your secondary schools are trained to some extent in this problem.

Mr. KAPLAN. Right.

Mr. WIGGINS. And you adhere to that answer, I guess.

Mr. KAPLAN. That is one example.

The superintendent referred to a citywide training program that goes back a few years, to 1968, in every junior and senior high school in the district. That was one specific program.

Last spring, last school year, we conducted 14 workshops in April and May, the latter part of the school year, in the administrative areas, and we had 406 people that completed those intensive 16-hour workshops.

Mr. WIGGINS. Was the attendance compulsory?

Mr. KAPLAN. The attendance was not compulsory.

Mr. WIGGINS. Who attended?

Mr. KAPLAN. Those who attended represented 125 schools in our district and 14 administrative offices in that one series of workshops.

In addition, our administrative areas—and we are now decentralized; we have 12 administrative areas—many of those areas as part of their staff development program conducted similar kinds of workshops.

In addition, we participated with representative teachers in the State department of education regional training program and had four administrative areas participating in a 3-day workshop. We used those participants as leaders in these 14 workshops later in the year, which was the intent of the State training program.

Furthermore, we had 14 people in the National Institute of Mental Health social seminar training program here. And there are probably other specific instances.

Mr. **Wiggins**. Is this an ongoing effort, Dr. Kaplan?

Mr. **Kaplan**. Yes.

Mr. **Wiggins**. You are not through, then, with the process of educating the teachers in the area of drug abuse?

Mr. **Kaplan**. No. We have a revision of this elementary guide that is at the printer now; and as part of that project, we have already scheduled workshops for teachers in over 75 schools in the district to commence in January of this coming year.

We will also have workshops through the help of the Kiwanis group in the harbor area for 22 schools. So we are able to do that.

Mr. **Wiggins**. Does each secondary school have a school nurse?

Mr. **Kaplan**. Every senior high school has a full-time nurse at the senior high school.

Mr. **Wiggins**. Yes. Has instruction been compulsory with respect at least to the nurses in this problem of drug abuse?

Mr. **Kaplan**. The nurses have been involved in part of the training program through a dissemination of special information for the nurses, and I am going to have to take a moment to answer your question.

As part of the State training program, four of our nurses were selected as the planning group for a special drug education training program for nursing personnel in the State of California.

They came back to our district, and we worked out the plans for the training, the implementation of that knowledge that they received, and then we had our budget crises—this was in May—and they were all to be, with few exceptions, dismissed. So we did not follow through on the training which was specifically for school nurses because of that.

In my conversation just last week with Dr. McCune of the State department, whom Dr. Ungerleider referred to, I indicated that we are now trying to pick up the pieces and follow through with specific in-service education for all of our 400 or 500 school nurses. It is an important need, and we will follow through.

Dr. **Johnston**. Mr. Wiggins, as one part of your question, you asked about Federal funds.

Mr. **Wiggins**. I am going to get to that a little later.

Dr. **Johnston**. I will wait, then.

Mr. **Winn**. Would the gentleman yield?

Mr. **Wiggins**. Of course.

Mr. **Winn**. Mr. Kaplan, I am having a little trouble following your answers because it doesn't seem to me that you are actually answering the questions that Mr. Wiggins is posing. Can you break it down and tell us what percentage of the school nurses are actually trained? That is, what percentage are actually trained in at least 8 hours of dealing with drug abuse?

Mr. KAPLAN. I cannot give you a percentage.

Mr. WINN. You don't know?

Mr. KAPLAN. Not percentagewise, no. But I do know, for example, that when we developed this elementary program we had 145 elementary personnel participating in that inservice——

Dr. JOHNSTON. Could I respond, Mr. Winn?

Mr. WINN. Yes, please.

Dr. JOHNSTON. I have to tell it as it is. We believe our nurses come to us—they are licensed nurses that we employ so they have this kind of information available to them.

A problem in this school district is the financial crisis. I say that until a week ago when SB-90 gave us some hope for the future. We have an estimate, and our deputy superintendent, Dr. Sullivan, used to quote it often. In our large school districts we need $10 million just for staff development for all purposes, and a major component would be addressed to this particular problem.

I have a list of items that resources from the Federal Government would be very meaningful and very real and significant to us.

Within the limitations of our district, can you picture or have in perspective the fact that we eliminated the sixth period in our senior high schools. That is $12 million. If we are that desperate, we really have financial problems. We sent 1,574 teachers notices of termination this past June, and by a small miracle that is too long to go into, we were able to rehire them and bring some of them back. The morale of this district is low. The financial crisis for urban education is real. We are a part of it.

Let me just tick off a couple of items.

Mr. WIGGINS. Are you going to tell me about your needs for Federal financial support at this time?

Dr. JOHNSTON. Yes.

Mr. WIGGINS. Doctor, please defer your answer, if you would. I am going to give you an opportunity to bare your soul on that subject.

Dr. JOHNSTON. All right, sir.

Mr. WIGGINS. But let me summarize your answer.

The question that I asked could have been answered yes or no, and you gave me a long answer, but the answer is no. All of your nurses have not received specialized training in drug abuse. There are doubtless good reasons, but all I wanted to know was the answer.

Does this typical school have a counseling program, whether it be called a rap program or whatever, some sort of counseling program with respect to the drug problem?

Mr. KAPLAN. The answer is that each school does not have a specific counseling program that is earmarked as drug abuse.

Mr. WIGGINS. Well, according to some testimony yesterday, at least Crenshaw High School does, and apparently under a different name, Dorsey and Monroe High Schools have such a program. How many of the senior high schools do have such programs?

Mr. KAPLAN. There are about a dozen that actually have a similar kind of program. We have trained 50 people in group counseling, most of whom are senior high people, and we will have 14 more trained in the intensive training program this spring.

Mr. WIGGINS. How many senior high schools do you have?

Mr. KAPLAN. Forty-nine.

Mr. WIGGINS. And about a dozen have drug counseling. Is it your belief, Dr. Kaplan, that there is a need in the other senior high schools for such a program?

Mr. KAPLAN. There is a definite need for this type of a program, and it is one of our recommended items for your consideration

Dr. JOHNSTON. Mr. Wiggins, may I just point out again, the implications of the statement. There is a need, obviously. Then you would have to find a period or time spot for it within the curriculum. We are eliminating, basically, the elected program in the district. We are down to five periods a day, which are very difficult to work out, so it is done at noontime. It is done after school.

Mr. WIGGINS. You have worked that out, whatever those problems are, and you would like to go beyond that. And I am sure you are going to tell me you don't have money to do it.

Dr. JOHNSTON. Sure.

Mr. WIGGINS. I would like to move for a moment to the subject of Federal funds. Let me preface this question with regard to money by saying that I don't agree for one moment that the lack of Federal funds excuses local school authorities from discharging their responsibility. They could do so more easily, more perfectly, with Federal support, and we will try to provide it. But I cannot start from the premise that you can be excused simply because of the unavailability of Federal funds; and I hope you agree with that.

Dr. JOHNSTON. I buy that.

Mr. WIGGINS. Now, I know your prepared testimony has a laundry list of things you would like to do, but before we get to that I would like your testimony about the delivery of Federal funds to the community in general to deal with this problem of drug abuse.

We have an East Los Angeles drug prevention program. Mr. Acevedo says that he has received $1.245 million to deal with, roughly, 1,000 people. You, in your prepared testimony, tell us that for $3.8 million you can deal with 625,000 schoolchildren.

Now, I am disturbed that somebody has set a priority as to funding an activity over here that treats 1,000 and not to fund an agency that wants to treat 625,000 for roughly three times as much.

Would you make some recommendations as to—confined to drugs—how the Federal Government should funnel its money in order to make an impact on your pupils?

Dr. JOHNSTON. Mr. Wiggins, I don't know the details of this specific grant to Mr. Acevedo. I know him personally. I have high regard for him as an individual and for his leadership and his cooperation with our district. It may be that the funds channeled to his program are for identified drug users, and there may be unbelievable rehabilitation costs that go with it.

We are talking about a preventive program that will give information, give counseling, involve parents, and so on, utilizing as well the total resources of the school district with it. In other words, we can say that our adult education program offers specific drug abuse programs for parents, makes them knowledgeable or gets them informed on this issue.

So it is difficult. I think we are talking about two kinds of directed activity. Does this square with your thinking?

Mr. Wiggins. I am aware of that, but I am just making the observation that for somebody to put $1.2 million over here to deal with the 700 or 1,000 specialized cases and to disregard the 625,000 school population doesn't make sense.

Dr. Johnston. Yes. Let me say, Mr. Wiggins, that I have written a letter to this county board of supervisors and have made an appeal with the knowledge of our board of education that as they receive revenue-sharing funds now—you know, education is excluded from those funds—that the county support the school district's effort in health education, which is absolutely a tool for this purpose. We suggested a formula that as the revenue sharing came to this very body here, that maybe they could share a $6½ million bill that we have for health services by giving us a $2, a $3, a $4, I don't care what, per pupil allocation.

There are 96 school districts in this county. They could take revenue sharing, look at the ADA of the million and a half of the county and help us support health services, which is one of the approved items within revenue sharing.

Mr. Wiggins. Given 96 school districts in this county, if the Federal Government wanted to deal with the problem on a county basis, to whom should the money be given?

Dr. Johnston. That would go, then, to our county superintendent of schools, Dr. Richard Claues. It is an office, a county office.

Mr. Wiggins. And you think that is a proper administrative level to dispense funds to the individual school districts?

Dr. Johnston. It might be more in line with other ways that districts are funded to direct it to the State of California, to Dr. Riles, who, in turn, will direct it to the districts within the State. That might be the better avenue.

Mr. Wiggins. Is there any good reason to treat education in the drug field for funding purposes differently than education for remedial reading? For funding purpose, I am talking about.

Dr. Johnston. Well, Mr. Wiggins, now we are getting to my own personal opinion, which is we are a very large school district. We would like to deal directly with you in the way——

Mr. Wiggins. I know you would. Most of the people from big cities would.

Dr. Johnston. I am a member of the Council of Great Cities, and I am aware of their feelings on this point. It may be that ultimately—because of the kind of urban problems and drugs are more identified as an urban problem as is violence and vandalism and so on, venereal disease—there are so many allied and related activities that the Federal Government may have to consider seriously dealing directly with large city school systems if we are to survive.

Mr. Wiggins. That would be your recommendation; right?

Dr. Johnston. Yes, sir.

Mr. Wiggins. I understand your problems and biases. You would have to talk to some farmers sometime to understand their biases and problems. They wouldn't agree with you. I am very much disturbed to see Federal money earmarked for drugs—and that drug term includes treatment, education, and rehabilitation, all of the various aspects—and the funds being shotgunned throughout the county. Some of it going into storefront operations by nonprofessionals, some of it being managed by professionals, some being managed by personnel with the qualifications of Dr. Ungerleider, for example. But as we look at that shotgun blast, not one damned cent of it is going through the school district, and you have a captive audience of the young people we want to reach.

Dr. JOHNSTON. Mr. Wiggins, you have put your finger, in my judgment, on the preventive aspect of this problem. If the schools have the resources and can really get totally involved in an educational program, then, hopefully, we all have faith and trust that on a preventive basis that these other allocations will diminish.

Mr. WIGGINS. I am ready to surrender the microphone, but I don't want to renege on my promise to let you tell us of all of that money you need.

Dr. JOHNSTON. These are just informal things that I think are obvious to us.

The concept—I am talking now about money into a school district—how would we use funds identified for this purpose.

Staff development we have talked about. It is a critical issue on this primary subject. Parent education is an obvious need. Parents have to be as knowledgeable as staff people about the problem in its totality.

Mr. WIGGINS. This is the material you have as a part of your prepared testimony?

Dr. JOHNSTON. Yes, sir.

Mr. WIGGINS. I have read that. I am sure the other members have. I would like to ask you this question, though, and then I will yield the microphone, Mr. Chairman.

If we were to agree with you entirely, would it be your recommendation that the Federal legislation earmark the funds in accordance with your recommendation?

Dr. JOHNSTON. No, Mr. Wiggins. I would do it on the numbers of students basis and the fact it is an urban school district and give them moneys like you are giving revenue-sharing funds to the district, and as these different problems peak and change, and circumstances are changed, that the district has the flexibility to be directed, to have all of those things itemized in advance would make it very difficult to implement, would require auditing and continuous evaluation, additional expense to the project.

I believe that school districts, their boards of education, are very reliable and accountable for the use of funds.

Parent education is another obvious component which we have discussed today. Health services, obviously we talked about. I have just come from a 2-day meeting with the board and our key staff about how inadequate our total counseling efforts are in this district and now we are talking about counseling in this particular problem, and then staff to make some home visits for problems that need immediate attention and followup.

These are just some inhouse items that would be, I consider, important to get a handle on this kind of problem.

Mr. WIGGINS. Thank you, Dr. Johnston, for your helpful testimony.

Dr. Johnston. Thank you, Mr. Wiggins.

Chairman Pepper. Mr. Winn?

Mr. Winn. Thank you, Mr. Chairman.

I would like to get back to the training you brought up. You brought up a point, Dr. Johnston, that there was a student awareness program you were working on, and, in addition, a parent awareness, education-type of program.

How did the latter one work? How did you try to educate the parents?

Dr. Johnston. Mr. Winn, in parent education, this school district has enrolled right now 100,000 adults. We have a very active, very aggressive adult education program. The format for a drug abuse program goes something like this:

We would work with the PTA in a particular community, particular area. We would arrange for a series of from four to six meetings—we call it a forum or lecture series—on this subject, and then we would send out the invitations and through the cooperation of the PTA, the school community advisory council, have the intimacy of almost a living room discussion at that school, to talk about and bring students there, bring the counselors from the school, the kind of the catalyst between the community, the experts in this field, and the school, for necessary dialog.

We have had hundreds of such programs over the years taking place in this district.

Mr. Winn. This is voluntary on the part of the parents?

Dr. Johnston. A voluntary program.

Additionally, I have in mind, we have now channel 58, a new television station that will be aired next October. We just acquired the license. We are now tooling up. We consider this a very excellent vehicle to communicate to the total community about the dimensions of this problem.

Mr. Winn. Did you, in this parent or adult training, try to get the students themselves to come with their parents?

Dr. Johnston. That is correct. We have had panels of students, we have had parents and students come together. You know, Mr. Winn, I will just give you a feeling. Any time a parent is that involved, that committed, and understands that the school wants to be of service and help, we find that we have a handle for problems.

Mr. Winn. Well, I agree with you. But we found, too, that other school districts and systems have offered adult drug education courses and in many cases they have considered them to be a big flop. The parents just don't come to them. A lot of them have the opinion that my child can't get on drugs; if there is a drug problem it is the guy down the street, that kid on the corner. It is always somebody else.

Now, I would like to get back to my question about teacher training, because I never did feel I really got an answer or that it was answered positively. What percentage of the teachers have had at least an 8-hour training course on drug use and abuse?

Dr. Johnston. Mr. Winn, I would answer it this way: In 1968 we really did the job citywide. There has been a depression of availability of funds, curtailment. Staff development is nonexistent. I can't give you an answer that *x* number of the teachers have been trained.

Mr. Winn. I just can't believe that you can't at least guess what percentage of the teachers have been trained and what percentage of the nurses have been trained. I don't know why we can't get an answer.

Dr. Johnston. You are talking about programs that our district has sponsored, workshops that our district has sponsored, and Mr. Kaplan has ticked off any number of examples. Do you want to pick it up——

Mr. Winn. Well, yes; I heard Mr. Kaplan tell about the different courses and how many were held. I heard all of that.

Dr. Johnston. You want the bottom line now.

Mr. Winn. Right. How many total teachers do you have?

Dr. Johnston. 26,000.

Mr. Winn. 26,000 teachers. All right. Out of the 26,000 teachers, how many of them have at least 8 hours of training?

Mr. Kaplan. I would estimate possibly percent; 2,000 maybe, or close to that.

Mr. Winn. All right. I think we are getting somewhere because I think that possibly you led the panel to believe that practically all of the teachers were trained in the drug field. At least, I got that feeling.

Mr. Kaplan. I indicated that 406 completed the last workshop series and we have others planned. Now through what we are planning, the percentage is going to increase.

Now, let me go back to one thing. I hate to harp on funding. We were desirous and we have a request, teachers want help in this field and we want to implement these kinds of programs, but we have to provide the pay for the leaders for the after-school kinds of activities. And it was not until, under the Emergency Employment Act program last spring, they were able to get funds to pay for 11 of the leaders, because there were EEA teachers involved. And the other one, the foundation picked up the tab on it.

So we were held back in that regard. But our desire, the desire on the part of teachers, there is a demand for the service and we give it a high priority.

Dr. Johnston. Mr. Winn, could I pick up?

Mr. Winn. Sure.

Dr. Johnston. There are two parts. What can we do as a district for staff development? Please note that at the current time, for all purposes in this school district, and the staff development office is one, there is $35,000 available. So it isn't very much. It is almost negligible by comparison to the need.

I have no way of telling how many of our teachers have taken such a course on their own through some university or college. I don't have that information but we should get it, I believe.

Mr. Winn. I think you should. If we have a situation like the one we heard yesterday and others we have heard about elsewhere, where the teachers are faced with drug incidents daily or weekly and only 10 percent of them have any kind of training in the drug field and know-how to handle the students, then we have got some problems.

What do you consider an incident? You keep referring to drug incidents. What do you mean?

Mr. KAPLAN. Any situation where a youngster is under the influence, or possesses, or sells, or furnishes a drug or a narcotic.

Mr. WINN. This just means the ones who got caught?

Mr. KAPLAN. That is true, the same as in any violation. Right.

Mr. WINN. Right. So you quite possibly have another percentage, whatever the percentage might be——

Mr. KAPLAN. Oh, yes.

Mr. WINN (continuing). Of students who are using or abusing drugs who go to school stoned or partially high, and never get registered and labeled as an incident, because they are never caught.

Mr. KAPLAN. That is true.

Dr. JOHNSTON. That is true of all crimes in society, I guess.

Mr. KAPLAN. Stealing cars and all of that.

Dr. JOHNSTON. Mr. Winn, could I ask a question of you, sir?

Mr. WINN. Yes.

Dr. JOHNSTON. We are projecting a $3.8 million request. It would be interesting, and I am sure very helpful, if this district were to receive that as a pilot, as a model, to see what would the results be.

Here is a request from a large urban city school district. If we were funded to this amount, what would be the impact on the total problem? Then you would have an accountable institution, you would have an institution that is willing and anxious to work in this field, that within its financial limitations has already made some commitment. Wouldn't it be a fine project to undertake for the benefit of our community?

Mr. WINN. I don't know if you are asking me a question or if you are lobbying me, but I have a hunch it is the latter.

Dr. JOHNSTON. I have been known to do both, sir.

Mr. WINN. You are doing a good job.

You held up those publications. I would hope you might make a few available to all of the members of the committee. I would like at least a copy of each.

How are those publications used? Could you enlarge on that a little bit?

Mr. KAPLAN. Yes. This particular publication is the policy statement for administrators, the guidelines, how do you handle a case when it occurs. When this was available, we had inservice, not an 8-hour meeting, but I personally met with every school administrator in this city school district in fall meetings to interpret the content and the guidelines here and they were to go back to the schools and have faculty staff meetings so that everyone in the district understood. This is one of our ways.

In addition, we printed over a half million leaflets that were sent home to parents. They were printed in English and Spanish, summarizing the policies of the school district, so there would be understanding.

And, thirdly, we had the greatest cooperation of the media in our community to publicize the policy.

This particular policy was developed by a committee of our Drug Abuse Council of 24 people that met over a 6-month period and it had lots of compromising and input, and so forth.

A question was posed a little earlier if all cases are reported to law enforcement, for example. And in this particular policy statement, we give the authority to the local school administrator to make some discretionary judgments for the early offender, to use diversionary procedures. But in all cases in our community, we ask that the administrator consult with the local law enforcement unit, to be sure that they have the right input and knowledge about the case.

So not every case results in a legal law enforcement contact.

Mr. WINN. I think we are all aware of that.

I had gone through a rough copy and I see that it has the same cover. I think it is the same—"Drug Abuse Control Administrative Guidelines."

I want to congratulate you on this because as I scan through it, it looks like it is very thorough and you have treated the subject well.

We have found, however, that many, many school districts and systems have no such thing at all. They have absolutely no guidelines, except maybe a few verbal ones which usually fall apart the second time they are passed on. And everybody has a different opinion of what was meant by the verbal guidelines.

We were very surprised at some of the supposedly fine school districts in parts of this Nation that had absolutely no printed guidelines of this type at all.

Now, we were talking about percentages a little while ago. In the many hours that members of this committee have spent interviewing students, we question and take with a grain of salt the percentages that many of the students give us. Many of us have talked to other types of students, including the student body leaders, the elected leaders of the schools in many cases. And the percentages that most of the students gave, like the ones we interviewed who were former users, were high. At the same time, I think most of us are convinced that such percentages are high. That is why we don't really pay that much attention to them. The newspapers do; the headlines obviously are written because that is what grabs the eye. We are also pretty convinced that school administrators give us a low percentage when we ask them what the percentages are in certain schools or districts.

We find in our mind, anyway, that those figures are usually low because many times you have an incident that you can tabulate, but you don't really know how many of the kids who are walking around are using or abusing drugs. I don't know if we ever will.

So I just though you ought to know we are aware those figures are probably high.

Well, now, let me ask you a question on another subject. This is strictly by hearsay, and it may not be this school system or this part of your school system, but was it in your school area where they used the dogs to sniff the lockers to try to find narcotics?

Dr JOHNSTON. No.

Mr. WINN. Well, they said they used it in California and I thought they said Los Angeles, but I may have misunderstood the man. Have you ever considered using the dogs?

Dr. JOHNSTON. No. We have used dogs on an experimental basis at the request of a community in a particular school setting.

Mr. WINN. Maybe that is what they were referring to. What was your result?

Dr. JOHNSTON. This was a contract. We arranged for that and maybe we need to try it again. But because of the particular contractor, the arrangement was not satisfactory. He was asleep in the car.

Mr. WINN. I didn't hear that.

Dr. JOHNSTON. He was asleep, Mr. Winn, in the car, and it did not prove to be a satisfactory arrangement. So we discontinued that experiment.

Mr. WINN. Did the dog go into the school?

Dr. JOHNSTON. No. This was security and he wasn't doing the job; not for narcotics, but general security.

Mr. WINN. Have you talked to any of the school officials that have used the dogs?

Dr. JOHNSTON. We have.

Mr. KAPLAN. We have, in the Drug Abuse Council, because this proposal has come up occasionally in our security section.

Mr. WINN. Dogs don't need as much pay as people.

Mr. KAPLAN. We thought it wouldn't be a practical thing.

Mr. WINN. Because of the possible legal involvements; does that scare you?

Mr. KAPLAN. Well, I don't know about the legal involvement.

Mr. WINN. Well, I mean, about individual rights.

Dr. JOHNSTON. Mr. Winn, could I make a general statement?

Mr. WINN. Sure.

Dr. JOHNSTON. I hope that our schools do not become like the airlines where you have to walk through detectors and we do checks of all lockers. I hope that the school is a place of learning, where there is a climate for instruction, that there is a positive program and not a negative program. So I personally, personal opinion, I would do everything that we can in a positive way to give information to involve everyone, to show them the dangers, before we would launch on a full-scale negative approach.

I think schools have to take a positive approach to such problems.

Mr. WINN. I agree with you. But you don't deny there are probably hard drugs, marihuana, a little bit of everything, in those lockers, either; do you?

Dr. JOHNSTON. Mr. Winn, it could be. It is a leading question.

Mr. WINN. We have had testimony from kids who say sales are made between classes, right out of lockers, or under the steps, or in the gym, or in the restrooms.

Dr. JOHNSTON. When this is suspected, we work very closely with law enforcement to apprehend individuals. But sometimes, more importantly, we try to get the key person who was the pusher or seller.

Mr. WINN. That is hard to do, too, because the students don't tell you who those key people are. They don't tell the school administrators. At least, that is what we heard. They protect their own.

Dr. JOHNSTON. Well, we work with police and law enforcement and they have their techniques for finding these and we cooperate fully.

Mr. WINN. Thank you very much.

Dr. JOHNSTON. Thank you.

Chairman PEPPER. Mr. Murphy?

Mr. MURPHY. No questions.

Chairman PEPPER. Mr. Phillips?

Mr. PHILLIPS. Just a few questions.

Dr. Johnston, especially, if I caused you any concern unnecessarily I apologize.

Could you tell me, Dr. Johnston, what your "per student" expenditure is in relation to the drug abuse counseling in the educational program?

Dr. Johnston. Leon, do you have an estimate of your total budget?

Mr. Kaplan. We had that request from our State legislature about 2 years ago and our budget division at that time came up with a total of a little over $3 million.

Mr. Phillips. That is really not true, is it?

Mr. Kaplan. It is a figure that includes a percentage of the health education teachers' time and staff teachers' time from the classroom, including the supportive services of counseling, nursing time, and so forth.

Mr. Phillips. Is it fair to say that your expenditures for drug programs in your budget are $30,000 a year?

Dr. Johnston. You are talking now about a particular office, Mr. Phillips, of Mr. Kaplan's salary, his secretary, supplies, equipment, and so on.

Mr. Phillips. That comes to $30,000?

Dr. Johnston. In that neighborhood. But he is adding to that the health education——

Mr. Phillips. We will get to that. That comes to 5 cents a student a year in Los Angeles city schools; is that correct?

Dr. Johnston. It may be. I have some other statistics for you when you are concluded.

Mr. Phillips. Anyway, that figure was cited to the Congress as the expenditure for this district, this area—5 cents per student.

Dr. Johnston. That isn't a fair statement then. You are neglecting totally the other individuals who have a life and death involvement, the health education people——

Mr. Phillips. Have you added anything to your budget, other than this $30,000, to implement any program or educational program in relation to drugs?

Dr. Johnston. This represents the staff office, as you can recognize readily.

Mr. Phillips. Would you answer that? You added no other moneys to the budget.

Dr. Johnston. I don't know how to interpret the term "added," but all we do in the district of late is to cut. But already existent in the budget are nurses, our health education teachers. You would, in fairness, have to include them in the expenditures of the district on this problem.

Mr. Phillips. You also added the guidance counselors in that figure as well. And you have told us the guidance counseling situation is inadequate. So you have taken from what was inadequate and made it less adequate?

Dr. Johnston. Perhaps.

Mr. Phillips. That is what I meant, Dr. Johnston, not to argue with you. When I said you did little or nothing, I was talking about the $30,000 that you added to the budget. I sympathize with your problems. That is why we are here. We are here to see more districts get more money to do the things that they might do.

The other point I would like to make, just briefly, is that we are told by the county supervisors' office that they feel that the statistics you cited as indicating a reduction in drug abuse in the schools, rather than showing that drug abuse has decreased, are misleading. They feel there is a growing reluctance to call on law enforcement.

Dr. Johnston. That is totally inaccurate, incorrect. I refute the statement. I personally am very much involved in our relationship with the chief of police, with the sheriff of this county. We have been meeting almost weekly on general problems of the school district. There is a very fine, excellent cooperation and involvement.

Mr. Phillips. They are not suggesting that, Doctor. What they are suggesting is as we become more and more conversant with the drug problems in our schools and more sympathetic and understanding, instead of calling in the police to arrest the child, we are doing something else. We are counseling them, we are referring them to another agency. We are not using the arrest as a technique to handle the problem.

Dr. Johnston. You want to answer, Leon?

Mr. Kaplan. I think, Mr. Phillips, there is considerable truth in your observation there of society's attitude toward the drug user, abuser. The resources that we have now in the community, for example, every one of our schools has not only the resources listed in here and how to refer, but they have a directory of all of the agencies here.

Mr. Phillips. I am aware of that.

Mr. Kaplan. And they are using these to a greater extent.

Mr. Phillips. So we are having less arrests because we are using other agencies.

Mr. Kaplan. Yes.

Mr. Wiggins. Just a second. I am uncertain why you agreed so readily. Your exhibit A, which showed the total incidents called to the attention of the school district, where you had an opportunity to do something, was 869, as I remember, or thereabouts. My recollection is that of that 869, you referred fully 381 of them, or thereabouts, to police agencies. Isn't that what your exhibit A shows?

Mr. Kaplan. Yes, 381 referred to law enforcement.

Mr. Wiggins. A high percentage of those called to your attention are referred to law enforcement. It may be that statistic is going down in the future. We don't have any comparative statistics, but for the 1 year the statistics were furnished this committee it shows a very high referral rate to law enforcement agencies.

Mr. Kaplan. It is a referral as differentiated from arrest.

Mr. Wiggins. That is all any citizen can do: Call the police and whether the police respond by arrest is their judgment.

Mr. Phillips. Just one final question. Let me quote from a grand jury report in Los Angeles County, which covers the entire county, in relation to education. It says, "Education on drug abuse is still left largely to law enforcement agencies. There is no uniform comprehensive health education program in Los Angeles County." And it goes on.

This is 1971. Would you like to comment?

Chairman Pepper. Do you want to make any comment? I think we covered it pretty well.

Dr. Johnston. I think we did, too.

Chairman Pepper. Dr. Johnston, I want you to understand our staff has no other purpose than to try to ascertain the facts. They did that in my county of Dade when we held our hearings there and they did it in every one of the cities where we held a hearing. If there have been errors in their observations or their figures, we are very sorry.

We certainly intended no embarrassment to anybody, least of all to you in this county where two of my best friends and the ranking majority and minority members of this committee reside, for whom we have profound respect.

So I think probably the staff was concerned about the problem that you face here, the same problem faced by every school board we have had to deal with in the country. You don't have the money basically. If you get the money, it has to come from something else. And I personally have great sympathy for the problem.

I didn't realize until we started these hearings that there is a real crisis in education in this country. You people are struggling with problems that you are not at the moment able to meet adequately because you don't have the funds from local sources, or any other sources.

I thought the school administrators would say, "Thank you, Members of Congress, for making available to us the categorical funds," and yet a lot of school authorities say that because those funds are not generally usable, they are limited to certain categories of students, that they are not as valuable to you as they would be otherwise. Is that true in your case?

Dr. Johnston. That is correct. You said it beautifully, Mr. Chairman.

Chairman Pepper. So what we are concerned about is to help you meet this problem. I think we all agree that this drug problem is, in terms of abuse, diminishing. We pray it is, but it is still a large problem, isn't it?

Dr. Johnston. Yes.

Chairman Pepper. You don't think we can safely leave it to go away of its own momentum. It will have to be met in some intelligent way if we are going to make more substantial progress. So what we are concerned about is whether or not the Federal Government today is the source to which we more readily turn, because they have a more flexible system of taxation.

I don't know how you raise most of your school money in Los Angeles County. How do you raise it?

Dr. Johnston. Seventy-five percent of local property tax and 25 percent from the State. It is on a diminishing basis. The passage of SB-90 a week ago is very meaningful and gives us some hope.

Just one quick statistic, Mr. Pepper. We surround a school district, a very affluent school district, totally. They are spending $1,800 per child with a tax rate half ours. Our expenditure, our tax rate, in double theirs, but our expenditure per child is half, about $900. So these are the kinds of inequities that urban school districts face. The problems are many and immense. Time does not allow, but I want you to know personally, sir, I am encouraged. I am heartened by how candid and detailed this committee is and obviously dedicated to help us with this problem.

Again, I inject the possibility we might be your pilot or model school district in America that would like to attack it with some significant resources.

Mr. Wiggins. Let's talk about that, Doctor.

Dr. JOHNSTON. Mr. Pepper, there are three distinguished members of my board that are here. Could they each say just a brief sentence or two?

Chairman PEPPER. Before we do that, let me conclude what I wanted to say. First, how long have you been here?

Dr. JOHNSTON. I have been in this district 23 years and superintendent 2 years.

Chairman PEPPER. You have had wide and long experience. Do you believe, from your knowledge, that if you had more funds that the school system could devise programs, procedures, and personnel which would help prevent drug use and abuse, and would have a favorable influence in getting students off drugs who have already gotten on it?

Dr. JOHNSTON. I know we can.

Chairman PEPPER. Your three witnesses appeared yesterday and told about these programs they were trying and the good results they were getting, and everybody has told us about inaugurating these programs to which students would be invited to come and participate. The response of students has been good.

Dr. JOHNSTON. Yes.

Mr. WIGGINS. Just for a moment, Mr. Chairman.

If you were given $3.8 million, without restrictions, would you spend it on drug abuse programs?

Dr. JOHNSTON. Given $3.8 million, we will spend it.

Mr. WIGGINS. No. Let's suppose there was such a concept as general aid to education, and your budget was increased by $3.8 million. Would you really put it in drug abuse?

Dr. JOHNSTON. If the funds came to the district earmarked for this purpose, they would be spent that way. If they were general funds, we have additional problems. They are all related I call them the three "V's." Violence and vandalism is a problem, and the venereal disease rate is of epidemic proportions in this community, and the drug problem. It is very difficult, in all honesty, to separate drugs, venereal disease, and these others. I don't think any human being can separate them and say this one is priority one and deserves so many dollars, and so on.

I think they are too related. But the freedom to make that decision within the district would be meaningful and realistic. So as the statistics indicate, we can tool up, and so on.

Mr. WINN. I want to clarify, at least from a personal standpoint, a statement made a little while ago that the object or intent of these committee hearings is to see that you get more money. I personally don't believe that is true, and I think we may be misleading some of you and your people.

Mr. PHILLIPS. I would ask we incorporate in the hearing record a report made by Mr. Kaplan and Dr. Gus Dalis, a consultant in the Health Education Office of Los Angeles County. The title of the report is "Status of Drug Abuse Education in Los Angeles County Schools," February 14, 1972. The conclusion is:

> While some efforts have been made and are currently being extended, many are fragmentary in nature and not achieving the desired results at this point in time. School districts have been hampered in making an effective impact on the drug problem because of the financial crises existing in most districts in the county. With few exceptions, there has been no financial assistance from outside sources * * *.

Chairman PEPPER. Without objection, it will be received in the record.

(The document above-referred to follows:)

STATUS OF DRUG ABUSE EDUCATION IN LOS ANGELES COUNTY SCHOOLS

(Prepared by Gus T. Dalis, Ed. D., consultant in health education, Office of the Los Angeles County Superintendent of Schools; and Leon Kaplan, Drug Abuse Coordinator, Los Angeles Unified School District)

[Presented at the San Clemente White House Conference on Drugs, February 14, 1972]

The 1,745 schools of Los Angeles County serve an area of 4,000 square miles with an enrollment of 1,651,722 pupils. In one district, the Los Angeles Unified, there is a diversity of communities containing 621 schools with an enrollment of 650,000 pupils. The county includes 82 school districts that range from rural to highly urbanized, affluent to extremely poor, and contains representation from all major ethnic groups.

EXTENT OF PROBLEMS

The narcotics and dangerous drugs problem is prevalent in all areas of Los Angeles County. Under a California Education Code provision, all law enforcement agencies are required to submit a report to the local school district of all juvenile drug abuse arrests. On the basis of the data compiled for the calendar year 1971, the Los Angeles County schools indicated that 7,835 arrests were reported.

It is recognized that arrest statistics are only one indication of the extent and nature of the drug abuse problem, and that the total number of juveniles engaged in the sale, possession, or use of narcotics or dangerous drugs who are not arrested cannot be determined on an objective basis. It can only be concluded that the drug abuse problem is greater than the arrest statistics reveal. Moreover, varying attitudes concerning the appropriate disposition of cases involving drug abuse exist within schools and communities, and affect policies, services, educational programs, and enforcement.

CURRENT EFFORTS

In virtually every school district there are some educational efforts being directed toward the drug problem. Such activities are, and have been, conducted in compliance with provisions of the California Education Code which require school districts to provide instruction on the harmful effects of alcohol, tobacco, narcotics, and dangerous drugs. However, the nature and extent of such programs vary from school to school and district to district. Often times the educational activities are limited to formal classroom presentation of cognitive materials. Recently, there have been intensified efforts to broaden the instructional approach and thereby encompass attitudes, values, and life styles insofar as they may be associated with drug abuse. Other individual and social factors are receiving attention in drug education program development. Predominantly there are few school districts that have implemented a comprehensive, planned program of preventive drug education at all grade levels from kindergarten through senior high school.

Schools are increasingly becoming involved with nonschool public and private agencies in the development of broadly based, coordinated community approaches to the drug problem. For example, the drug abuse council concept, in which there are members from the schools as well as key community organizations and governmental agencies, is currently being utilized by several school districts as they attempt to solve the drug problem.

In essence, schools are beginning to confront the drug problem by upgrading and extending instruction, providing for staff development, maximizing the use of supportive personnel services, and involving parents and community members. Some schools are providing rap rooms that are operative both during and after school hours, are conducting group counseling sessions, and are emphasizing alternative programs for youth which consist of a variety of social and special interest activities.

NEEDS

While some efforts have been made and are currently being extended, many are fragmentary in nature and are not achieving desired results at this point in time. School districts have been hampered in making an effective impact on the drug problem because of the financial crises existing in most districts in the county. With few exceptions, there has been no financial assistance from outside sources. The fiscal condition of school districts for 1972–73 is bleak, and they are engaged in survival budgeting. It is predicted that there will be a retrenchment in programs and services rather than an expansion to meet identifiable needs.

County schools are, and will be, hampered in their efforts to design, implement, and maintain viable drug education programs without a massive infusion of funds. Effective programs require funds for teaching staffs, supportive services, curriculum development, instructional aids, teacher inservice, and parent education. Financial assistance is necessary to better utilize existing skills and resources, to significantly extend those programs that have been evaluated as successful, and to enable more than 1,700 county schools to conduct an optimum, preventative attack upon the problem of drug abuse.

Dr. Johnston. Mr. Pepper, no superintendent survives without a good board of education. I am very privileged to present the president of our board of education, Dr. Chambers.

Chairman Pepper. We are delighted to have you here today and apologize for keeping you.

Dr. Chambers. Excuse me for the informal attire. We have been in a meeting, and the superintendent was able to get away a little early because he had a commitment.

I certainly express the appreciation of the board for your being here, for your interest and concern. It is our concern and it has been for a long time, of those of us who have been on the board for any length of time, to say to you there is no disagreement between our board and any statement you made. There may be misunderstanding.

An illustration: The statistical material that was presented here regarding incidents is hard data, provable data, it is not opinion. I would venture to say that the actual incidents were at least three to five times that, and it is understandable these things not be the same.

I would like to comment on one item. There was question if we had $1 billion, would we put it in this. I would say this to you, as a board member. We have had the total categorical aid. I am sure we would support, and your board would allocate, $3 million for this. We are using it in ways in which we are many times in total disagreement.

Chairman Pepper. You agree with the superintendent that the categorical method of devoting the money to students from homes below a certain economic level, is not the best way to distribute the money?

Dr. Chambers. Very definitely. Because we have been spending over $12 million a year of our own funds in these same areas before there was any Federal aid. To the degree we felt it was constructive, we moved money in that direction. Then we come along and add something to it, we cannot take ours back. We have to continue that. We are putting something in maybe we don't believe we ought to do, and yet we feel we should go along with the program.

Chairman Pepper. Doctor, let me just give you this bit of information. In discussing this matter with the Honorable Carl Perkins, who is chairman of the Education and Labor Committee of the U.S. House of Representatives, I told him about just some of the criticisms like these you are making here today, of that method of distributing Federal funds.

He said to me, "That is the only way we could get the money. It had to have that sort of appeal."

So it seems to me that Congress ought to pay somebody more directly and give the money to the school authorities and let them make the decision. They are answerable.

Dr. CHAMBERS. The categorical aid is not bad if it has a spectrum. But when it pinpoints and says, "This dollar goes here," give us a reasonable spectrum of objectives.

Chairman PEPPER. Mr. Waldie?

Mr. WALDIE. I don't want to interrupt.

Dr. CHAMBERS. What we have been doing, I can amplify a couple of things here that may help clarify. Some 10 years ago this problem was very apparent to some of us. It was larger in our security division because of security aspects of it, or in health. We had 27 security men; today we have over 150 full-time security men. This has increased, violence and vandalism and other things, calling for greater and greater work in that area.

So when you think of the dollars we are using in those areas you have to look at different events. The health aspect happens to be something we do more or less voluntarily. We are not directly obligated to carry the health budget we do. The San Francisco School District has no obligation, and the city takes care of that. In New York City, it is a city budget, not a school budget. It comes out of our educational dollar.

This is why the superintendent says we divert what we can, and in a critical situation as we are, we actually laid off practically every nurse we had and cut the doctor's staff, and we were able to rehire. A disaster situation—but it does disrupt your training program—disrupts the objectives.

We tried for a long time to get the State to recognize this as a State health problem and treat all school districts uniformly. We haven't been able to do it.

But we are with you, we are doing everything we have the dollars to do. We are bootlegging a great many dollars by bootlegging different people. If we added those all in the budget, they would appear totally different than the line-item budget. You are familiar how these things are done.

If we cheer you on, we hope your conclusions will be helpful. I would say I have a feeling there has been a sort of cresting on this and we are moving down. I think the reason is just this kind of thing is happening, your efforts and our efforts are bringing it to the attention of more and more people, more parents are becoming aware. They are watching their children more closely.

And I can say this: we had a series in the last 2 years of parent meetings, or community meetings, in cooperation with the police department, and some of their young officers brought in specimens of the different drugs and told their story and how people died. In all of the meetings we had in our schools, in the 14 years I have been on this board, where parents have come in, we never had in attendance anything like this, which shows a tremendous interest on the part of the parents.

This is what is going to crack it. If we get enough people aware of the problem, thinking about it, we will solve the problem.

Mr. Waldie. Just this observation. I keep referring back to the testimony of Dr. Marcus Foster, the superintendent of schools in Oakland, who really said to the committee, "Look, we have got a drug problem. We have a drug abuse problem, and we need resources to treat the consequences of that."

But he said, "What we need more than that are moneys to provide an educational program that will be stimulating, exciting, and challenging."

He said, "You give me that and you won't have to give me anywhere near as much as you are looking at in terms of the aspects of the consequences of a program in fact that is not stimulating, challenging, and exciting to youngsters."

He said, "We get all concerned and properly so about something as vicious as drug abuse, but there is not much concern about the fact we have permitted school systems, because of lack of support, to degenerate into programs that are really custodial rather than challenging and stimulating the youngster"—Mr. Patterson's group caused me to recall this testimony—"The first thing we had to cut back on because of lack of funds was the band."

The band program, the music program, the one thing the kids really turn on to, the very thing the adult community befriends, gets worse and worse.

I think the role of this committee or any elected body is a fund-raising role and your role is to determine how best to provide that challenge and stimulating educational programs.

I concur with the chairman's view that if we can go back with anything, it would be a recommendation of what I learned, and I learned as well as the chairman in this regard, that the drug program gave us some open doors onto the sad situation of education as a whole in our country because of a lack of devotion of resource to it.

Chairman Pepper. I thoroughly ascribe to what Mr. Waldie so well said.

Dr. Chambers. It is a new crisis that has appeared, and I wouldn't ask for additional money, but a little more latitude in the money presently available.

Chairman PEPPER. Doctor, we thank you very much.

Dr. JOHNSTON. I would ask for additional money.

This is my first opportunity to meet such a distinguished body. You run through a lunch period and your dedication is so evident, I am really encouraged about our total system. I look forward to hearing from you.

Chairman PEPPER. Thank you.

Mr. WINN. I would like to point out to the gentlemen that we don't write headlines.

Chairman PEPPER. We will take a recess until 3:15.

(Dr. Johnston's prepared statement and the reports and exhibit referred to follow:)

PREPARED STATEMENT BY WILLIAM J. JOHNSTON, SUPERINTENDENT, LOS ANGELES UNIFIED SCHOOL DISTRICT, LOS ANGELES, CALIF.

Mr. Chairman and Members of the Committee:

It is my pleasure to extend greetings to you on behalf of the Board of Education of the Los Angeles Unified School District. In addition, I should like to commend the Committee for conducting these hearings on drug abuse because they enable school personnel to inform their Representatives of local problems, needs, and programs. I hope the presentations that you have heard during this hearing, together with the information and exhibits that have been submitted by our staff, will aid the Committee in the development of legislation that will effectively reduce the drug abuse problem. Our schools need legislative assistance if they are to implement, in cooperation with key community and other governmental agencies, meaningful programs of prevention, control, and rehabilitation.

General Description of School District. Prior to discussing ramifications of the drug abuse problem, I should like to present the following basic background information concerning our school district:

GEOGRAPHIC DATA

	Area (square miles)	Population (estimated 1971)
Unified district	710	3,342,700
City of Los Angeles	464	2,825,600
County of Los Angeles	4,083	7,058,506

NUMBER OF SCHOOLS AND PUPILS

	Number of schools	Enrollment
Elementary	436	334,318
Junior high	75	143,897
Senior high	55	138,154
Continuation high	29	1,261
Elementary schools for handicapped	15	2,936
Secondary schools for handicapped	9	2,067
Community adult	28	94,011
Regional occupational centers	5	11,509
Adult skill centers	5	951
Total	657	729,104

RACIAL AND ETHNIC COMPOSITION OF ELEMENTARY AND SECONDARY SCHOOL PUPILS, FALL, 1972

	American Indian	Black	Oriental	Spanish surname	Filipino and other minorities	White (other than Spanish surname)	Total
Number of pupils	1,343	156,684	21,127	148,124	8,251	285,178	620,707
Percent	0.2	25.2	3.4	23.9	1.3	45.9	

NUMBER OF EMPLOYEES

	Number	Total District Budget, 1972–73
Certificated	34,819	
Noncertificated	29,534	
Children's centers	1,132	
Total (all categories)	64,485	$941,119,733

To facilitate the conduct of an educational program that is designed to meet the special and varied needs of many communities, our District is organized on a decentralized basis. For this purpose, elementary and secondary schools are grouped into 12 areas, each having its own superintendent. In addition, all schools have community advisory councils to participate in the assessment of needs and in the development of educational programs.

Extent of the Problem. Studies have been conducted on a continuing basis to determine the extent and changing nature of the school drug abuse problem. Cases of abuse have been reported in all areas of the District and appear in varying degrees at all school levels. Several indices of the extent of pupil involvement in drug abuse are listed below:

	Number
I. Drug arrests of pupils enrolled in Los Angeles City schools as reported by law-enforcement agencies:	
School years:	
1969-70[1]	6,639
1970-71[1]	5,310
1971-72[2]	3,891
July 1 through Nov. 30:	
1971-72	1,282
1972-73	1,555
II. Expulsions:	
1968-69	67
1969-70	28
1970-71	12
1971-72	4
III. Reports of drug abuse incidents by school district security officers:	
1970-71	803
1971-72	386
IV. Individual school reports of drug abuse incidents, 1971-72 (1st year of reporting):	
Substance:	
Heroin	1
Dangerous drugs[3]	444
Hallucinogens[4]	202
Inhalants	130
Unknown	86
Total	863
Nature of incident:	
Influence	533
Possession	254
Sale	46
Furnishing	30
Disposition:	
Emergency medical referral	315
Parent conference	606
Referral to law enforcement	382
Referral to private or community resource	114

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[1] Approximately 12 percent of arrests were school related.
[2] Approximately 10 percent of arrests were school related.
[3] Barbiturates = 341 of the above.
[4] Marihuana = 164 of the above.

Reports for the 1971-72 school year and through November 30, 1972, show that only 11 pupils were involved in more than one incident. Seven of these pupils were involved in the use of barbiturates.

From the data that we have received, there appears to have been a definite reduction in school-related drug abuse incidents since the problem peaked in 1969. This view is supported by reports from principals, vice principals, school nurses, pupil services and attendance counselors, security officers, and teachers.

Significant changes are noted, however, in the most recent arrest data for the period from July 1 through November 30, 1972. Law-enforcement reports regarding pupils enrolled in the Los Angeles City Schools indicate a 21 percent increase in arrests for the summer vacation period and the beginning of the 1972-73 school year, in contrast with the same period in 1971. The number of arrests for possession has risen from 672 to 941, or 40 percent. Further, the number of arrests involving marihuana has grown from 471 to 809, or 72 percent. Arrests for the abuse of inhalants have risen from 68 to 165, or 143 percent. Yet the number of arrests for use of dangerous drugs has dropped from 456 to 315, or 31 percent.

These recent reports emphasize the dynamics of the drug abuse problem and the need for continuing and intensive efforts by schools and the community to combat the problem.

Development of Drug Education Programs. For many years, schools in California have provided instruction at each level regarding the harmful effects of alcohol, tobacco, and narcotics. This instruction has usually been offered as part of the science units in the upper elementary grades and in junior and senior high schools. In 1963, greater recognition of the health needs of pupils resulted in the establishing of comprehensive health education courses for all junior and senior high school pupils. In-service programs were expanded as the problem of drug abuse increased in scope and severity; and, in 1968, all secondary school personnel participated in a staff development program regarding drug abuse.

During 1968–69, a District-wide study of *Drug Abuse Education and Control* was conducted. The findings and recommendations contained in the report have served as a blueprint for the philosophy, policies, and programs that have since been adopted.

Although the Los Angeles Unified School District has repeatedly been confronted with financial crises during the past several years, it has been able to implement or contribute to many effective and innovative drug education programs and activities, such as the following:

1. Establishing in 1969 of a school-community Drug Abuse Council composed of 50 members, including representatives of 20 key community and governmental agencies.
2. Development of pattern-setting administrative guidelines for the control of drug abuse.
3. Conduct of in-service activities for employees at all school levels.
4. Intensive training in group counseling for 50 certificated employees.
5. Participation in the planning and conducting of community education programs in cooperation with civic groups and the media.
6. Participation of parents in drug education programs sponsored by school personnel, P.T.A.'s, school-community advisory councils, and church, fraternal, and civic groups.
7. Establishing of the Kiwanis-Los Angeles City Unified School District Drug Abuse Education Foundation, which represents 2,000 members in 50 Kiwanis clubs throughout the greater Los Angeles area. The Foundation serves as a vehicle for community involvement and support of our District's drug abuse prevention activities. Projects with a total cost of $36,644 have been funded since the Foundation was organized in April, 1970.
8. Funding by the Kiwanis Foundation of projects proposed by students, parents, and staff workers at individual schools on the basis of local needs.
9. Establishing of rap rooms, chiefly in senior high schools.
10. Publishing of an instructional bulletin to aid teachers in the implementation of drug education for pupils in Kindergarten through Grade 6. This publication has just been revised, and the revision should be ready for distribution in January.

Financial Support. The Los Angeles Unified School District has not received any direct financial support from governmental agencies for the conduct of drug education programs. However, 50 of our staff members participated in the California State Regional Training Programs, a U.S. Office of Education project. We have also been able to participate in the Group Counseling Training Program at the Los Angeles Center for Group Psychotherapy, in the Social Seminar Teacher Education Film Project, and in the East Los Angeles School Drug Program, all of which have been funded by the National Institute of Mental Health. The East Los Angeles project was initiated in December, 1971, under a contractual agreement with the Narcotics Prevention Association. A total of $30,385 was provided to fund an intensive drug education instructional program, including the assignment of a drug education counselor, the conduct of parent education and staff development activities, and expansion of alternative programs during after-school hours and on weekends. The project was initiated in eight schools, but funds were reduced to $24,000 this year, necessitating the elimination of planned services in seven of the original project schools and the curtailment of services in the one remaining school.

Recommendations. Our District will support any legislation to combat drug abuse that this Committee can develop which will enable us to continue and expand effective individual school and community-wide programs, many of which have been initiated on a pilot basis. Therefore, we recommend federal funds for such urgently needed programs and services as the following:

Component:	*Estimated annual cost*
School Drug Abuse Counselors:	
Senior High (36)	$468,000
Junior High (24)	312,000
Elementary (60)	780,000
Pupil Services and Attendance Counselors (36)	468,000
Health Personnel:	
Elementary Nurses (24)	300,000
Junior High Nurses (7)	87,500
Physicians (12)	192,000
Teacher Consultants (12)	156,000
Demonstration class for drug dependent excluded high school pupils	65,000
In-service education	30,000
Instructional materiel	50,000
Parent education	25,000
Alternative activities in 75 secondary schools	450,000
Reactivation of original East Los Angeles School Drug project and establishment of similar project in Lincoln Heights, San Fernando, Venice, and Watts areas	500,000
Total	$3,883,500

The Los Angeles Unified School District, through its demonstrated desire and ability to cooperate with key community and governmental agencies, can marshall the expertise that is needed to achieve maximum results from funds that may become available for the above components.

Should you have questions concerning the drug education program of the Los Angeles City Schools, Mr. Leon Kaplan, Coordinator of Drug Abuse and Opportunity Education for our District, will be pleased to provide further details. Again, thank you for the opportunity to address the Committee.

Los Angeles Unified School District, Division of Planning, Research, and Development

EXHIBIT A.—REPORT ON NARCOTICS, DANGEROUS DRUGS, HALLUCINOGENS, AND INHALANTS, SEPT. 14, 1971, THROUGH JUNE 16, 1972 (GRAND TOTAL—ADMINISTRATIVE AREAS A THROUGH L

Narcotic, drug, or substance	Influence			Possession			Sale			Furnishing			Total
	Elementary	Junior high	High school	Elementary	Junior high	High school	Elementary	Junior high	High school	Elementary	Junior high	High school	
Narcotics:													
Heroin:													
Boy													
Girl		1											1
Cocaine:													
Boy													
Girl													
Dangerous drugs:													
Amphetamines:													
Boy	0	9	14	0	4	20	0	3	7	0	0	2	59
Girl	0	3	12	0	4	6	0	0	0	0	0	2	27
Barbiturates:													
Boy	6	25	73	3	13	19	0	2	10	1	4	2	158
Girl	0	77	71	0	12	11	0	3	3	0	4	1	182
Tranquilizers:													
Boy	1	2	1	1	1	1	0	0	0	0	0	0	7
Girl	0	2	5	0	1	1	0	0	0	0	1	0	10
Hallucinogens:													
Marihuana:													
Boy	0	7	30	1	28	63	0	5	6	0	2	3	145
Girl	0	0	3	0	12	3	0	0	0	0	1	0	19
Hashish:													
Boy	0	0	0	0	3	4	0	0	1	0	0	1	9
Girl	0	0	0	0	0	0	0	0	0	0	0	0	0

LSD:													
Boy	1	0	2	0	4	7	0	0	4	0	0	1	19
Girl	0	2	4	0	0	3	0	0	0	0	0	0	9
Mescaline:													
Boy	0	0	0	0	0	1	0	0	0	0	0	0	1
Girl	0	0	0	0	0	0	0	0	0	0	0	0	0
Inhalants:													
Aerosol:													
Boy	8	21	3	0	10	0	0	0	0	0	0	0	42
Girl	1	34	3	0	8	0	0	0	0	0	1	0	47
Glue:													
Boy	3	0	1	2	0	0	0	0	0	0	0	0	6
Girl	0	5	0	0	4	0	0	0	0	0	0	0	9
Paint thinner:													
Boy	1	13	2	0	1	0	0	0	0	0	0	0	17
Girl	0	6	0	0	0	0	0	0	0	0	0	0	6
Unknown:													
Boy	3	6	33	0	2	0	0	2	0	1	2	0	49
Girl	1	9	25	0	0	1	0	0	0	0	0	1	37
Grand total	25	222	282	7	107	140	0	15	31	2	15	13	859

Note: See table below:

Disposition:	
Emergency medical referral	
On-campus (health office)	258
Off-campus	57
Parent conference	604
Referral to law enforcement	381
Referral to private or community resource	114
Suspension	538
Number of school days	1,023
Expulsion review requested	12
Transfer:	
Continuation education	9
Opportunity school	66
Other regular school	113
Out-of-district placement	6
Others	36

ADMINISTRATIVE AREA A

Narcotic, drug, or substance	Influence			Possession			Sale			Furnishing			Total
	Elementary	Junior high	High school	Elementary	Junior high	High school	Elementary	Junior high	High school	Elementary	Junior high	High school	
Narcotics:													
Heroin:													
Boy													
Girl													
Cocaine:													
Boy													
Girl													
Dangerous drugs:													
Amphetamines:													
Boy		4	2		1	3		1				1	12
Girl					1								1
Barbiturates:													
Boy	3		23		1	10			9			2	48
Girl		4	13		1	5					1		24
Tranquilizers:													
Boy													
Girl													
Hallucinogens:													
Marihuana:													
Boy		1	9		10	11		3	4		1	1	40
Girl													
Hashish:													
Boy													
Girl													

LSD:													
Boy			1			1							2
Girl			2			2							4
Mescaline:													
Boy													
Girl													
Inhalants:													
Aerosol:													
Boy													
Girl													
Glue:													
Boy	1												1
Girl													
Paint thinner:													
Boy													
Girl													
Unknown:													
Boy			10							1			11
Girl			1										1
Grand total	4	9	61	0	14	32	0	4	13	1	2	4	144

Note: See table below:

Disposition:	
Emergency medical referral:	
On-campus (health office)	30
Off-campus	14
Parent conference	98
Referral to law enforcement	67
Referral to private or community resource	15
Suspension	88
Number of school days	131
Expulsion review requested	0
Transfer:	
Continuation education	2
Opportunity school	10
Other regular school	22
Out-of-district placement	0
Others	2

ADMINISTRATIVE AREA B

Narcotic, drug, or substance	Influence			Possession			Sale			Furnishing			Total
	Elementary	Junior high	High school	Elementary	Junior high	High school	Elementary	Junior high	High school	Elementary	Junior high	High school	
Narcotics:													
Heroin:													
Boy													
Girl													
Cocaine:													
Boy													
Girl													
Dangerous drugs:													
Amphetamines:													
Boy													
Girl													
Barbiturates:													
Boy			3										3
Girl		1	5			1			1				8
Tranquilizers:													
Boy	1			1									2
Girl													
Hallucinogens:													
Marihuana:													
Boy			1		1	1							3
Girl			1			1							2
Hashish:													
Boy													
Girl													

LSD:													
Boy													
Girl													
Mescaline:													
Boy													
Girl													
Inhalants:													
Aerosol:													
Boy		5			8						1		14
Girl		3			3						1		12
Glue:													
Boy				1									1
Girl													
Paint thinner:													
Boy													
Girl													
Unknown:													
Boy			1					1			1		3
Girl		1											1
Grand total	1	15	11	2	12	3	0	1	1	0	3	0	49

Note: See table below:

Disposition:	
Emergency medical referral:	
On-campus (health office)	13
Off-campus	3
Parent conference	29
Referral to law enforcement	16
Referral to private or community resource	7
Suspension	17
Number of school days	20
Expulsion review requested	0

Transfer:	
Continuation education	0
Opportunity school	4
Other regular school	1
Out-of-district placement	1
Others	1

ADMINISTRATIVE AREA C

Narcotic, drug, or substance	Influence			Possession			Sale			Furnishing			Total
	Elementary	Junior high	High school	Elementary	Junior high	High school	Elementary	Junior high	High school	Elementary	Junior high	High school	
Narcotics:													
Heroin:													
Boy													
Girl													
Cocaine:													
Boy													
Girl													
Dangerous drugs:													
Amphetamines:													
Boy			1			3			2				6
Girl		1	8			4			3			1	17
Barbiturates:													
Boy		1	1		1	1							4
Girl		2	2									1	5
Tranquilizers:													
Boy					1								1
Girl			1			1							2
Hallucinogens:													
Marihuana:													
Boy			1			4							5
Girl													
Hashish:													
Boy													
Girl													

LSD:													
Boy													
Girl													
Mescaline:													
Boy													
Girl													
Inhalants:													
Aerosol:													
Boy													
Girl													
Glue:													
Boy													
Girl													
Paint thinner:													
Boy													
Girl													
Unknown:													
Boy			3										3
Girl		1											1
Grand total	0	5	17	0	2	13	0	0	5	0	0	2	44

Note: See table below:

Disposition:

Emergency medical referral:	
On-campus (health office)	20
Off-campus	3
Parent conference	33
Referral to law enforcement	11
Referral to private or community resource	7
Suspension	30
Number of school days	69
Expulsion review requested	0

Transfer:	
Continuation education	0
Opportunity school	3
Other regular school	2
Out-of-district placement	0
Others	4

ADMINISTRATIVE AREA D

Narcotic, drug, or substance	Influence			Possession			Sale			Furnishing			Total
	Elementary	Junior high	High school	Elementary	Junior high	High school	Elementary	Junior high	High school	Elementary	Junior high	High school	
Narcotics:													
Heroin:													
Boy													
Girl													
Cocaine:													
Boy													
Girl													
Dangerous drugs:													
Amphetamines:													
Boy		4	1		3			1					9
Girl			1		1			1					3
Barbiturates:													
Boy		4	4		3						2		13
Girl		4	4		2			1					14
Tranquilizers:													
Boy													
Girl			1										1
Hallucinogens:													
Marihuana:													
Boy		1	2		4	4							11
Girl			2		3								5

Hashish:													
Boy					3				1			1	5
Girl													
LSD:													
Boy			1		2				1				4
Girl			2										2
Mescaline:													
Boy													
Girl													
Inhalants:													
Aerosol:													
Boy													
Girl													
Glue:													
Boy			1										1
Girl													
Paint thinner:													
Boy													
Girl													
Unknown:													
Boy			1		1								2
Girl		1	3										4
Grand total	0	17	23	0	22	4	0	3	2	0	2	1	74

Note: See table below:

Disposition:

Emergency medical referral:	
On-campus (Health office)	20
Off-campus	2
Parent conference	55
Referral to law enforcement	38
Referral to private or community resoruce	16
Suspension	50
Number of school days	243
Expulsion review requested	4
Transfer:	
Continuation education	1
Opportunity school	5
Other regular school	11
Out-of-district placement	2
Others	7

ADMINISTRATIVE AREA E

Narcotic, drug, or substance	Influence			Possession			Sale			Furnishing			Total
	Elementary	Junior high	High school	Elementary	Junior high	High school	Elementary	Junior high	High school	Elementary	Junior high	High school	
Narcotics:													
Heroin:													
Boy													
Girl													
Cocaine:													
Boy													
Girl													
Dangerous drugs:													
Amphetamines:													
Boy													
Girl													
Barbiturates:													
Boy		1											1
Girl		9			1								10
Tranquilizers:													
Boy		1											1
Girl													
Hallucinogens:													
Marihuana:													
Boy					1	3		1			1		6
Girl					5								5

Hashish:													
Boy													
Girl													
LSD:													
Boy													
Girl													
Mescaline:													
Boy													
Girl													
Inhalants:													
Aerosol:													
Boy													
Girl		1			1								2
Glue:													
Boy													
Girl													
Paint thinner:													
Boy													
Girl													
Unknown:													
Boy													
Girl		1											1
Grand total	0	13	0	0	8	3	0	1	0	0	1	0	26

Note: See table below:

Disposition:	
Emergency medical referral:	
On-campus (health office)	6
Off-campus	5
Parent conference	13
Referral to law enforcement	16
Referral to private or community resource	5
Suspension	20
Number of school days	17
Expulsion review requested	0
Transfer:	
Continuation education	0
Opportunity school	0
Other regular school	8
Out-of-district placement	0
Others	1

ADMINISTRATIVE AREA F

Narcotic, drug, or substance	Influence			Possession			Sale			Furnishing			Total
	Elementary	Junior high	High school	Elementary	Junior high	High school	Elementary	Junior high	High school	Elementary	Junior high	High school	
Narcotics:													
Heroin:													
Boy													
Girl		1											1
Cocaine:													
Boy													
Girl													
Dangerous drugs:													
Amphetamines:													
Boy						1							1
Girl													
Barbiturates:													
Boy		2											2
Girl		9			1								10
Tranquilizers:													
Boy			1										1
Girl													
Hallucinogens:													
Marihuana:													
Boy						2							2
Girl													
Hashish:													
Boy													
Girl													

LSD:													
Boy													
Girl		1											1
Mescaline:													
Boy													
Girl													
Inhalants:													
Aerosol:													
Boy													
Girl		2			2								4
Glue:													
Boy	1												1
Girl		2			2								4
Paint thinner:													
Boy		10	2										12
Girl													
Unknown:													
Boy	2	1	1										4
Girl		2	3			1						1	7
Grand total	3	30	7	0	5	4	0	0	0	0	0	1	50

Note: See table below:

Disposition:	
Emergency medical referral:	
On-campus (health office)	19
Off-campus	8
Parent conference	41
Referral to law enforcement	31
Referral to private or community resource	14
Suspension	24
Number of school days	39
Expulsion review requested	0

Transfer:	
Continuation education	0
Opportunity school	4
Other regular school	3
Out-of-district placement	0
Others	5

ADMINISTRATIVE AREA G

Narcotic, drug, or substance	Influence			Possession			Sale			Furnishing			Total
	Elementary	Junior high	High school	Elementary	Junior high	High school	Elementary	Junior high	High school	Elementary	Junior high	High school	
Narcotics:													
Heroin:													
Boy													
Girl													
Cocaine:													
Boy													
Girl													
Dangerous drugs:													
Amphetamines:													
Boy		1											1
Girl			1										1
Barbiturates:													
Boy	3	12	17	3		1				1			37
Girl		18	15			1							34
Tranquilizers:													
Boy													
Girl		1											1
Hallucinogens:													
Marihuana:													
Boy			1			1							2
Girl						1							1
Hashish:													
Boy													
Girl													

LSD:														
Boy														
Girl														
Mescaline:														
Boy														
Girl														
Inhalants:														
Aerosol:														
Boy	8	12	2											22
Girl	1	21	3		1									26
Glue:														
Boy	1			1										2
Girl		3												3
Paint thinner:														
Boy		3												3
Girl		6												6
Unknown:														
Boy		1	5											6
Girl		1	15											16
Grand total	13	79	59	4	1	4	0	0	0	1	0	0	1	6 1

Note: See table below:

Disposition:	
Emergency medical referral:	
On-campus (health office)	64
Off-campus	7
Parent conference	120
Referral to law enforcement	26
Referral to private or community resource	13
Suspension	108
Number of school days	131
Expulsion review requested	0
Transfer:	
Continuation education	1
Opportunity school	3
Other regular school	2
Out-of-district placement	0
Others	18

ADMINISTRATIVE AREA H

Narcotic, drug, or substance	Influence			Possession			Sale			Furnishing			Total
	Elementary	Junior high	High school	Elementary	Junior high	High school	Elementary	Junior high	High school	Elementary	Junior high	High school	
Narcotics:													
Heroin:													
Boy													
Girl													
Cocaine:													
Boy													
Girl													
Dangerous drugs:													
Amphetamines:													
Boy			5			1			1				7
Girl													
Barbiturates:													
Boy			7		4			1	1				13
Girl		9	15		5								29
Tranquilizers:													
Boy						1							1
Girl			2										2
Hallucinogens:													
Marihuana:													
Boy			1		2	3							6
Girl						1							1
Hashish:													
Boy													
Girl													

LSD:													
Boy													
Girl		1											1
Mescaline:													
Boy													
Girl													
Inhalants:													
Aerosol:													
Boy		4	1		2								7
Girl		1			1								2
Glue:													
Boy													
Girl													
Paint thinner:													
Boy													
Girl													
Unknown:													
Boy								1			1		2
Girl													
Grand total	0	15	31	0	14	6	0	2	2	0	1	0	71

Note: See table below:

Emergency medical referral:	
On-campus (health office)	32
Off-campus	5
Parent conference	47
Referral to law enforcement	27
Referral to private or community resource	8
Suspension	49
Number of school days	28
Expulsion review requested	0

Transfer:	
Continuation education	1
Opportunity school	8
Other regular school	6
Out-of-district placement	1
Others	4

ADMINISTRATIVE AREA I

Narcotic, drug, or substance	Influence			Possession			Sale			Furnishing			Total
	Elementary	Junior high	High school	Elementary	Junior high	High school	Elementary	Junior high	High school	Elementary	Junior high	High school	
Narcotics:													
Heroin:													
Boy													
Girl													
Cocaine:													
Boy													
Girl													
Dangerous drugs:													
Amphetamines:													
Boy						4			1				5
Girl			2			1						1	4
Barbiturates:													
Boy		1	2			3							6
Girl		1	8			1							10
Tranquilizers:													
Boy													
Girl													
Hallucinogens:													
Marihuana:													
Boy		3	7		4	11			1			1	27
Girl													
Hashish:													
Boy													
Girl													

LSD:													
Boy													
Girl													
Mescaline:													
Boy						1							1
Girl													
Inhalants:													
Aerosol:													
Boy													
Girl													
Glue:													
Boy													
Girl					2								2
Paint Thinner:													
Boy	1												1
Girl													
Unknown:													
Boy	1	2	6										9
Girl	1	1	1										3
Grand total	3	8	26	0	6	21	0	0	2	0	0	2	68

Note: See table below:

Disposition:	
Emergency medical referral:	
On-campus (health office)	11
Off-campus	3
Parent conference	38
Referral to law enforcement	35
Referral to private or community resource	15
Suspension	38
Number of school days	87
Explusion review requested	2
Transfer:	
Continuation education	2
Opportunity school	8
Other regular school	7
Out-of-district	1
Others	6

ADMINISTRATIVE AREA J

Narcotic, drug, or substance	Influence			Possession			Sale			Furnishing			Total
	Elementary	Junior high	High school	Elementary	Junior high	High school	Elementary	Junior high	High school	Elementary	Junior high	High school	
Narcotics:													
Heroin:													
Boy													
Girl													
Cocaine:													
Boy													
Girl													
Dangerous drugs:													
Amphetamines:													
Boy			3			5			2				10
Girl													
Barbiturates:													
Boy			5			1							6
Girl		2	2										4
Tranquilizers:													
Boy													
Girl		1			1						1		3
Hallucinogens:													
Marihuana:													
Boy				1		6							7
Girl											1		1
Hashish:													
Boy													
Girl													

LSD:													
Boy	1												1
Girl													
Mescaline:													
Boy													
Girl													
Inhalants:													
Aerosol:													
Boy													
Girl													
Glue:													
Boy													
Girl													
Paint thinner:													
Boy													
Girl													
Unknown:													
Boy			3										3
Girl			1										1
Grand total	1	3	14	1	1	12	0	0	2	0	2	0	36

Note: See table below:

Disposition:	
Emergency medical referral:	
On-campus (health office)	10
Off-campus	2
Parent conference	26
Referral to law enforcement	25
Referral to private or community resource	2
Suspension	23
Number of school days	22
Expulsion review requested	2
Transfer:	
Continuation education	0
Opportunity school	4
Other regular school	9
Out-of-district placement	0
Others	0

ADMINISTRATIVE AREA K

Narcotic, drug, or substance	Influence			Possession			Sale			Furnishing			Tota
	Elementary	Junior high	High school	Elementary	Junior high	High school	Elementary	Junior high	High school	Elementary	Junior high	High school	
Narcotics:													
Heroin:													
Boy													
Girl													
Cocaine:													
Boy													
Girl													
Dangerous drugs:													
Amphetamines:													
Boy			2			1							3
Girl		2				1							3
Barbiturates:													
Boy		1	10		4	2		1			2		20
Girl		8	6		2	3		1			1		21
Tranquilizers:													
Boy		1											1
Girl			1										1
Hallucinogens:													
Marihuana:													
Boy			1		1	7		1				1	11
Girl													
Hashish:													
Boy													
Girl						4							4

LSD:													
Boy						2						1	3
Girl						1							1
Mescaline:													
Boy													
Girl													
Inhalants:													
Aerosol:													
Boy													
Girl													
Glue:													
Boy													
Girl													
Paint thinner:													
Boy					1								1
Girl													
Unknown:													
Boy		2	2										4
Girl													
Grand total	0	14	22	0	8	21	0	3	0	0	3	2	73

Note: See table below:

Disposition:	
Emergency medical referral:	
On-campus (health office)	22
Off-campus	3
Parent conference	54
Referral to law enforcement	46
Referral to private of community resource	7
Suspension	40
Number of school days	81
Expulsion review requested	0
Transfer:	
Continuation education	2
Opportunity school	6
Other regular school	20
Out-of-district placement	0
Others	3

ADMINISTRATIVE AREA L

Narcotic, drug, or substance	Influence			Possession			Sale			Furnishing			Total
	Elementary	Junior high	High school	Elementary	Junior high	High school	Elementary	Junior high	High school	Elementary	Junior high	High school	
Narcotics:													
Heroin:													
Boy													
Girl													
Cocaine:													
Boy													
Girl													
Dangerous drugs:													
Amphetamines:													
Boy						2		1	1			1	5
Girl					2			1			1		4
Barbiturates:													
Boy		3	1			1							5
Girl		7	1					1			2		11
Tranquilizers:													
Boy													
Girl													
Hallucinogens:													
Marihuana:													
Boy		2	7		5	10			1				25
Girl					4								4
Hashish:													
Boy													
Girl													

LSD:													
Boy					2	4			3				9
Girl													
Mescaline:													
Boy													
Girl													
Inhalants:													
Aerosol:													
Boy													
Girl													
Glue:													
Boy													
Girl													
Paint thinner:													
Boy													
Girl													
Unknown:													
Boy			1		1								2
Girl		1											1
Grand total	0	13	10	0	14	17	0	3	5	0	3	1	66

Note: See table below:

Disposition:	
Emergency medical referral:	11
On-campus (health office)	2
Off-campus	50
Parent conference	43
Referral to law enforcement	5
Referral to private or community resource	51
Suspension	155
Number of school days	4
Expulsion review requested	

Transfer:	0
Continuation education	11
Opportunity school	22
Other regular school	1
Out-of-district placement	5
Others	

DRUG ABUSE CONTROL

ADMINISTRATIVE GUIDELINES

Prepared by the

DRUG ABUSE COUNCIL

Los Angeles City Schools
Office of the Superintendent
1970
(21 31)

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REPLACEMENT OF ITEMS IN DRUG ABUSE CONTROL, ADMINISTRATIVE GUIDELINES

Items II. B. 1. and II. B. 2. on page 3, and the same items on page 5 should be replaced with the following statements:

1. If a pupil is released to a law-enforcement officer, the school administrator is required by California Education Code, Section 13013, to make immediate, continued, and reasonable efforts to advise the parent of the pupil's removal from school by the officer and the place where the pupil is reportedly being taken. A record of such efforts to contact the parent shall be maintained.

2. Prior to releasing the pupil to a peace officer, every reasonable effort should be made by the school administrator to obtain the parent's consent. However, law-enforcement officers may not be denied the custody of a pupil.

3. In the event that a pupil has been removed from school by a law-enforcement officer and the school administrator has been unsuccessful in notifying a parent, guardian, or responsible relative of the pupil by the close of the regular school day, it is suggested that the law-enforcement agency be contacted and informed that the school has been unable to notify the parent.

The following changes should be made in addition to those listed above:

> Page 4, II. D. 6. and Page 5, II. D: Request Area Superintendent to initiate expulsion proceedings when facts warrant such action.

USE

Pupils suspected of being under the influence of drugs, narcotics, or other harmful substances

I. Determination of need for medical attention

- A. Evaluate observable symptoms. (Refer to chart on pp. 10-11.)
- B. Provide for examination by school nurse or physician.
- C. Interview pupil, if he is coherent, in presence of an adult witness.
  - 1. Question pupil regarding amount and type of drug or narcotic consumed or of harmful substance used.
  - 2. Attempt to determine if pupil is in possession of drug, narcotic, or harmful substance.
  - 3. Confiscate all physical evidence obtained as a result of investigation.
    - a. Seal evidence in an envelope bearing the name of the pupil from whom it was confiscated, the date and time it was confiscated, and the signature of the person who confiscated it.
    - b. Provide law-enforcement agency with all confiscated evidence.
- D. Provide for an appropriate period of observation in a supervised, non-classroom environment.
- E. Inform parent or guardian of reasons for the investigation even if pupil is found *not* to have been involved with illegal drugs, narcotics, or other harmful substances.
- F. Refer to procedures outlined below under II. if symptoms develop which indicate a need for emergency medical attention.

II. Provision for necessary emergency medical attention

- A. Provide needed attention.
  - 1. Call ambulance, in accordance with emergency procedures listed on "Accident Instructions" card, Form 74.47, or
  - 2. Call law-enforcement agency, or
  - 3. Send pupil, accompanied by a certificated employee, to authorized medical facility listed on "Accident Instructions" card, Form 74.47, if procedure listed in 1. or 2. above is not followed.
- B. Notify parent, guardian, or authorized person listed on pupil's "Emergency Information" card, Form 34-EH-12.
  - 1. Call as soon as possible after emergency arrangements have been made.
  - 2. Request that school be informed regarding pupil's progress.
- C. Notify law-enforcement agency if such notification was not made when emergency arrangements were completed.
- D. Conduct a thorough investigation by interviewing witnesses and/or pupil's associates and by examining school records.
- E. Report information, limited to obvious symptoms, to the school nurse or physician for recording on pupil's confidential "Health Record" card, Form 34-EH-6.
- F. Suspend pupil, and schedule conference with parent and pupil after emergency medical attention has been provided and pupil has recovered from the incident.

G. Consider taking one or more of the following additional actions:
   1. Provide for a rehabilitation program within the local school, including the use of one or more of the following: medical supervision, individual and/or group counseling, parent education, opportunity class, opportunity program, etc.
   2. Utilize district guidance, counseling, health, and attendance services with appropriate regard for confidentiality and use of privileged information.
   3. Provide information, in accordance with district policy, to parent or guardian regarding the availability of public and private resource agencies for rehabilitation. (*Administrative Guide*, Sections 2207, 2309, and 2310. Refer to pp. 8-9.)
   4. Provide for inter-school adjustment (e.g., opportunity transfer, opportunity school).
   5. Notify Los Angeles County Probation Department or California Youth Authority regarding the drug involvement of pupils whose cases are active with these agencies.
   6. Refer to school physician for recommendation regarding possible need for medical exclusion.

III. Procedures when emergency medical attention is not indicated

A. Evaluate observable symptoms.
B. Provide for examination by school nurse or physician.
C. Interview pupil in presence of an adult witness.
   1. Question pupil regarding amount and type of drug or narcotic consumed or of harmful substance used.
   2. Attempt to determine if pupil is still in possession of drug, narcotic, or harmful substance.
   3. Confiscate all physical evidence obtained as a result of investigation.
      a. Seal evidence in an envelope bearing the name of the pupil from whom it was confiscated, the date and time it was confiscated, and the signature of the person who confiscated it.
      b. Provide law-enforcement agency with all confiscated evidence.
D. Provide for a limited period of observation in a supervised, non-classroom environment.
E. Refer to procedures outlined above under item II. (A. through G.) if symptoms develop which indicate a need for emergency medical attention.
F. Utilize the following procedures for pupil if no further symptoms are discernible and pupil is not involved in possession nor sale:
   1. Inform parent or guardian, and consult with law-enforcement agency at the time of the incident. (If pupil does not have a known history of drug abuse nor significant delinquent behavior, further involvement by law-enforcement agency may not be necessary unless additional information is obtained relative to the incident and such action is in the best interest of pupil and school.)
   2. Schedule an early conference with parent and pupil at school.
   3. Consider suspension of pupil, pending formulation of an individualized plan to aid in the solution of pupil's drug abuse problem.
   4. Refer to II.G. above for additional follow-up procedures, and verify pupil's participation in a rehabilitation program.
G. Determine all related aspects of incident by interviewing witnesses and/or pupil's associates and examining school records for background information.
H. Report information, limited to obvious symptoms, to the school nurse or physician for recording on pupil's confidential "Health Record" card, Form 34-EH-6.

POSSESSION

Pupils suspected of possessing drugs, narcotics, or other
harmful substances which are illegal or have the potential for abuse

I. Determination of pupil involvement

A. Interview pupil in presence of an adult witness.

B. Request pupil's cooperation in conducting a search of his person and possessions.

   1. Search may include pupil's lockers and other locations at school where it is suspected that illegal drugs, narcotics, or other harmful substances may be hidden.
      a. The search should be made by a school administrator or his delegated certificated representative in the presence of an adult witness.
      b. The search should not be conducted by a security agent unless the pupil has been placed under arrest.
      c. Security agents should not be present when searches are conducted by other school personnel.
   2. Law-enforcement agency should be notified if the pupil continues to be uncooperative after a reasonable effort has been made to gain his cooperation. (A reasonable effort may include requesting parental assistance in gaining pupil's cooperation.)

C. Determine all related aspects of incident by interviewing witnesses and/or pupil's associates and examining school records for background information.

D. Confiscate all physical evidence obtained as a result of investigation.

   1. Seal evidence in an envelope bearing the name of the pupil from whom it was confiscated, the date and time it was confiscated, and the signature of the person who confiscated it.
   2. Provide law-enforcement agency with all confiscated evidence.

E. Inform parent or guardian of reasons for the investigation even if pupil is found *not* to have been in possession at school of illegal drugs, narcotics, or other harmful substances.

II. Procedures when possession is established

A. Notify law-enforcement agency.

B. Notify parent or guardian.

   1. If an arrest is made and the pupil is removed from school, a representative of the law-enforcement agency should notify the parent or guardian prior to the time that the pupil would normally return home from school.
   2. A member of the school staff also may notify the parent or guardian if a pupil is in the custody of a law-enforcement agency.

C. Suspend pupil, and schedule an early conference with parent and pupil.

D. Examine pupil's records to aid in determining an appropriate course of action, which may include one or more of the following:

   1. Provide for a rehabilitation program within the local school, such as medical supervision, individual and/or group counseling, parent education, opportunity class, opportunity program, etc.

2. Utilize district guidance, counseling, health, and attendance services with appropriate regard for confidentiality and use of privileged information.
3. Provide information to parent or guardian, in accordance with district policy, regarding the availability of public and private resource agencies for rehabilitation. (*Administrative Guide*, Sections 2207, 2309, and 2310. Refer to pp. 8-9.)
4. Provide for inter-school adjustment (e.g., opportunity transfer, opportunity school).
5. Notify Los Angeles County Probation Department or California Youth Authority regarding the drug involvement of pupils whose cases are active with these agencies.
6. Request Zone Superintendent to initiate expulsion proceedings.

E. Follow procedures referred to in "Sale" section (item II., page 5) if it is established that the pupil sold or furnished a dangerous drug, narcotic, or other harmful substance to another person, or persons.

SALE

Pupils suspected of selling or furnishing a dangerous drug, narcotic, or other harmful substance to another person, or persons

I. **Determination of pupil involvement**
  A. Interview pupil in presence of an adult witness.
  B. Request pupil's cooperation in conducting a search of his person and possessions.
    1. Search may include pupil's lockers and other locations on campus where it is suspected that illegal drugs, narcotics, or other harmful substances may be hidden.
      a. Search should be made by a school administrator or his delegated certificated representative in the presence of an adult witness.
      b. Search should not be conducted by a security agent unless the pupil has been placed under arrest.
      c. Security agents should not be present when searches are conducted by other school personnel.
    2. Law-enforcement agency should be notified if the pupil continues to be uncooperative after a reasonable effort has been made to gain his cooperation. (A reasonable effort may include requesting parental assistance in gaining pupil's cooperation.)
  C. Determine all related aspects of incident by interviewing witnesses and/or pupil's associates and examining school records for background information.
  D. Confiscate all physical evidence obtained as a result of investigation.
    1. Seal evidence in an envelope bearing the name of the pupil from whom it was confiscated, the date and time it was confiscated, and the signature of the person who confiscated it.
    2. Provide law-enforcement agency with all confiscated evidence.
  E. Inform parent or guardian of reasons for the investigation even if pupil is found *not* to have been selling or furnishing a dangerous drug, narcotic, or other harmful substance to another person, or persons.
  F. Follow procedures referred to in the sections on "Use" and/or "Possession" if it is determined that pupil was involved in use and/or possession.

II. **Procedures when sale is verified**
  A. Notify law-enforcement agency.
  B. Notify parent or guardian.
    1. If an arrest is made and the pupil is removed from school, a representative of the law-enforcement agency should notify the parent or guardian prior to the time that the pupil would normally return home from school.
    2. A member of the school staff also may notify the parent or guardian if a pupil is in the custody of a law-enforcement agency.
  C. Suspend pupil, and schedule an early conference with parent and pupil.
    1. Provide information, in accordance with district policy, to parent or guardian regarding the availability of public and private resource agencies for rehabilitation. (*Administrative Guide*, Sections 2207, 2309, and 2310. Refer to pp. 8-9.)
    2. Inform parent or guardian that pupil will continue to be suspended pending further investigation and final disposition of the case.
  D. Request Zone Superintendent to initiate expulsion proceedings when facts warrant such action.

STUDENTS ENROLLED IN DIVISION OF ADULT EDUCATION PROGRAMS

Students suspected of being under the influence of, or of possessing, selling, or furnishing illegal drugs, narcotics, or other harmful substances

I. Adult Students

Follow those procedures outlined on pp. 1-5 which apply to adult students who are involved in drug abuse activities. (When necessary, refer to registration card to contact responsible person at student's home.)

II. High School Pupils

A. Follow procedures outlined on pp. 1-5 to aid in the solution of drug abuse problems of high school pupils who are enrolled with special permits in community adult school classes or as part-time pupils in regional occupational centers. Confer with principal of pupil's resident high school regarding appropriate disposition of case.

B. Follow procedures outlined on pp. 1-5 to aid in the solution of drug abuse problems of high school pupils who are enrolled in regional occupational centers on a full-time basis and youth under 18 years of age who participate in MDTA skill center programs.

RESOURCE AGENCIES

The parent or guardian should contact a private physician, medical clinic, or counseling service to aid in the solution of a pupil's drug abuse problem. Additional resources are listed in each school's copy of the *Narcotics and Dangerous Drugs Information Directory* and the *Directory of Health, Welfare, Vocational, and Recreation Services in the Los Angeles County.*

Rehabilitation services are also provided by the following public agencies:

SCHOOL GUIDANCE CENTERS (Mental Health Services Section, Los Angeles City Schools)

Main Office: 322 W. 21st St., Los Angeles 90007	747-4265
North Hollywood Branch: 11818 Weddington St., No. Hollywood 91607	763-7427
San Pedro Branch: 704 W. 8th St., San Pedro 90731	833-5464
Sequoia Branch: 18644 Victory Blvd., Reseda 91335	342-3146
Venice Branch: 303 Westminster Ave., Venice 90291	399-3617

COUNTY OF LOS ANGELES HEALTH DEPARTMENT

313 N. Figueroa St., Los Angeles 90012	625-3212 Ext. 387

Drug Treatment Clinics

Southeast: 4920 S. Avalon Blvd., Los Angeles 90011	233-6145 (2-10 p.m., M-F)
San Vicente: 621 N. San Vicente Blvd., Los Angeles 90069	278-6572 (2-10 p.m., M-F)
Northeast: 2032 Marengo St., Los Angeles 90033	225-5971 (1-9 p.m., M-F)

(For information regarding additional clinics to be opened during 1970, call Drug Treatment Program, 625-3212, Ext. 387.)

Youth Clinics

West Hollywood (San Vicente): 621 N. San Vicente Blvd., Los Angeles 90069	278-5361 (4-9 p.m., M-F)
Venice: 905 Venice Blvd., Venice 90291	399-7743 (6-10 p.m., M-F)
Northeast: 2032 Marengo St., Los Angeles 90033	223-1105 (6-10 p.m., MWF)
Van Nuys: 14340 Sylvan St., Van Nuys 91401	787-5892 (6-10 p.m., M-F)
Hawaiian Gardens: 22101 Norwalk Blvd., Hawaiian Gardens 90701	420-2420 (5:30-9:30 p.m., TTh)

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

1106 S. Crenshaw Blvd., Los Angeles 90019	937-2380

Regional Mental Health Services

East Los Angeles: 512 S. Indiana St., Los Angeles 90063	268-9161
South Central: 4471 S. Main St., Los Angeles 90037	231-9157
West Central: 1090 S. La Brea Ave., Los Angeles 90019	933-7261
South Bay: 13543 S. Hawthorne Blvd., Hawthorne 90250	679-0441
Long Beach: 236 E. 3rd St., Long Beach 90812	432-8744
Southeast: 1600 E. Compton Blvd., Compton 90221	631-8675
San Fernando Valley: 12148 Victory Blvd., No. Hollywood 91606	985-6550
Santa Monica-West: 1525 Euclid Ave., Santa Monica 90404	451-8731

COUNTY OF LOS ANGELES DEPARTMENT OF HOSPITALS

Los Angeles County - USC Medical Center, 1200 N. State St., Los Angeles 90033	225-3115
Harbor General Hospital, 1000 W. Carson St., Torrance 90509	775-7711
John Wesley County Hospital, 2826 S. Hope St., Los Angeles 90007	749-5211
Los Angeles County-Olive View Medical Center, 14445 Olive View Dr., Sylmar 91342	367-2231
Martin Luther King Jr. General Hospital, 12012 Compton Ave., Los Angeles 90059 (to open 1971)	
Rancho Los Amigos Hospital, 7601 E. Imperial Hwy., Downey 90242	773-4331

ADDITIONAL PUBLIC HOSPITAL RESOURCE

UCLA Medical Center - Neuropsychiatric Institute, 760 Westwood Plaza, Los Angeles 90024	825-0293

LOS ANGELES UNIFIED SCHOOL DISTRICT

Instructional Planning Div.
Reference List No. 5
Reports on Narcotics Cases

September 11, 1972

TO: ADMINISTRATORS OF SCHOOLS

FROM: DRUG ABUSE AND OPPORTUNITY EDUCATION SECTION
LEON L. KAPLAN, COORDINATOR 687-4606

SUBJECT: REPORTS CONCERNING PUPILS INVOLVED IN NARCOTICS, DANGEROUS DRUGS, HALLUCINOGENS, AND/OR INHALANTS

Data regarding the incidence of drug abuse at all school levels must be compiled for periodic reports that are requested by various governmental and community agencies and for the development of an effective program to combat drug abuse. To obtain such information for the 1972-73 school year, it is imperative that administrators complete a copy of the "Report on Narcotics, Dangerous Drugs, Hallucinogens, and Inhalants" for each pupil violation that occurs on campus or during an off-campus school-related activity.

Instructions for preparing and processing the report are listed on the attached form. Please submit a separate report for each pupil and incident as soon as disposition of the case has been determined.

A supply of forms for use during the current school year is enclosed. For additional copies, please call 687-4606.

APPROVED:

ROBERT W. LAMSON
Assistant Superintendent
Instructional Planning Division

LOS ANGELES UNIFIED SCHOOL DISTRICT
Instructional Planning Division

REPORT ON NARCOTICS, DANGEROUS DRUGS, HALLUCINOGENS, AND INHALANTS

School ____________________ Administrative Area ________

Instructions

Prepare each report in duplicate. Send the original to Coordinator, Drug Abuse and Opportunity Education Section, Room G-230, Administrative Offices, and retain a copy at the school. Check appropriate columns and include requested information for each pupil involved in an incident relating to narcotics, dangerous drugs, hallucinogens, and/or inhalants on the school campus or in an off-campus school-related activity. USE SEPARATE FORM FOR EACH PUPIL AND INCIDENT.

Name ____________________ **Boy** ____ **Girl** ____

Address ____________________ **Age** ____ **Grade** ____

NARCOTIC, DRUG, OR SUBSTANCE	Influence*	Possession	Sale	Furnishing
NARCOTICS:				
Heroin				
Cocaine				
DANGEROUS DRUGS:				
Amphetamines				
Barbiturates				
Tranquilizers				
HALLUCINOGENS:				
Marijuana				
Hashish				
L.S.D.				
Mescaline				
INHALANTS:				
Aerosol				
Glue				
Paint Thinner				
UNKNOWN:				
OTHERS (list):				

*** Report based upon:** Confirmed evidence ____
Observable symptoms only ____

Remarks: ____________________

DISPOSITION

Emergency Medical Referral
On-campus
(Health Office) ____
Off-campus ____

Parent Conference ____

Referral to Law Enforcement ____

Referral to Private or Community Resource ____
List: ____________________

Suspension ____
Number of school days ____

Expulsion Review Requested ____

Transfer:
Continuation Education ____
Opportunity School ____
Other Regular School ____
Out-of-District Placement ____

Others
List: ____________________

Date of Report ____________ **Signed** ____________________
Principal or Vice Principal

9/72

LOS ANGELES UNIFIED SCHOOL DISTRICT

Instructional Planning Div.
Reference List No. 5
Reports on Narcotics Cases

September 11, 1972

TO: ADMINISTRATORS OF SCHOOLS

FROM: DRUG ABUSE AND OPPORTUNITY EDUCATION SECTION
LEON L. KAPLAN, COORDINATOR 687-4606

SUBJECT: REPORTS CONCERNING PUPILS INVOLVED IN NARCOTICS, DANGEROUS DRUGS, HALLUCINOGENS, AND/OR INHALANTS

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A supply of forms for use during the current school year is enclosed. For additional copies, please call 687-4606.

APPROVED:

ROBERT W. LAMSON
Assistant Superintendent
Instructional Planning Division

LOS ANGELES UNIFIED SCHOOL DISTRICT
Instructional Planning Division

REPORT ON NARCOTICS, DANGEROUS DRUGS, HALLUCINOGENS, AND INHALANTS

School ______________________ Administrative Area ________

Instructions

Prepare each report in duplicate. Send the original to Coordinator, Drug Abuse and Opportunity Education Section, Room G-230, Administrative Offices, and retain a copy at the school. Check appropriate columns and include requested information for each pupil involved in an incident relating to narcotics, dangerous drugs, hallucinogens, and/or inhalants on the school campus or in an off-campus school-related activity. USE SEPARATE FORM FOR EACH PUPIL AND INCIDENT.

Name ______________________ Boy ____ Girl ____

Address ______________________ Age ____ Grade ____

NARCOTIC, DRUG, OR SUBSTANCE	Influence*	Possession	Sale	Furnishing
NARCOTICS:				
Heroin				
Cocaine				
DANGEROUS DRUGS:				
Amphetamines				
Barbiturates				
Tranquilizers				
HALLUCINOGENS:				
Marijuana				
Hashish				
L.S.D.				
Mescaline				
INHALANTS:				
Aerosol				
Glue				
Paint Thinner				
UNKNOWN:				
OTHERS (list):				

* Report based upon: Confirmed evidence ____
Observable symptoms only ____

Remarks: ______________________

DISPOSITION

Emergency Medical Referral
On-campus (Health Office) ____
Off-campus ____

Parent Conference ____

Referral to Law Enforcement ____

Referral to Private or Community Resource ____
List: ______________

Suspension ____
Number of school days ____

Expulsion Review Requested ____

Transfer:
Continuation Education ____
Opportunity School ____
Other Regular School ____
Out-of-District Placement ____

Others
List: ______________

Date of Report ______________ Signed ______________
Principal or Vice Principal

9/72

DRUG ABUSE

EDUCATION & CONTROL

LOS ANGELES CITY
UNIFIED SCHOOL DISTRICT

DRUG ABUSE EDUCATION AND CONTROL
IN THE
LOS ANGELES CITY UNIFIED SCHOOL DISTRICT

STATUS REPORT

June, 1969

Leon L. Kaplan
Administrative Coordinator
Division of Secondary Education

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DRUG ABUSE EDUCATION AND CONTROL
IN THE LOS ANGELES CITY UNIFIED SCHOOL DISTRICT

STATUS REPORT

June, 1969

INTRODUCTION

A District-wide study of drug abuse education and control was initiated by the Superintendent's Office in March, 1969. An investigation was undertaken because of the significant increase in the number of pupils involved in narcotics and dangerous drugs activities during the 1967-68 and current school years. The concern expressed by many parents, teachers, and administrators for individual and community welfare also helped bring into focus the need to assess present policies, practices, and services. The desire of community organizations, law enforcement, and other governmental agencies to cooperate with the District in the development of positive educational and control programs was also a motivating factor in commencing the investigation.

The study was conducted to determine administrative policies for control, referral resources for treatment and rehabilitation, and staff opinion of the effectiveness of current instructional programs. Personnel who participated in the investigation identified problems and needs and made suggestions for improvement.

The term "narcotic" as used in this report refers to marijuana, heroin, morphine, and opium. The "dangerous drugs" category includes non-narcotic drugs that are habit-forming or that have a depressant, stimulant, or hallucinogenic effect. The term "drug abuse" applies to the improper use of all types of narcotics, dangerous drugs, and inhalants.

Extent of problem. The narcotics and dangerous drugs problem is prevalent in all areas of the School District. Drug abuse occurs among affluent as well as disadvantaged youth and appears in varying degrees at all school levels.

The growth and magnitude of the problem for the five-year period 1964-68 are indicated in Table A, page 2. Los Angeles Police Department records show a 475 percent gain in juvenile arrests for all narcotics and dangerous drugs violations from 1964 to 1968, and an increase of 55 percent from 1967 to 1968. The number of juveniles arrested for dangerous drugs offenses increased slightly over 1,000 percent from 1964 to 1968, and 247 percent from 1967 to 1968. The number of arrests for marijuana violations increased 237 percent from 1964 to 1968, but decreased 15 percent from 1967 to 1968.[1] Seventy-nine percent of all juveniles arrested in 1968 were boys.

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[1] For statistical reporting, law enforcement agencies list separately data for the narcotic "marijuana" and the dangerous drug "LSD."

TABLE A

JUVENILE NARCOTICS AND DANGEROUS DRUGS ARRESTS *
Los Angeles Police Department
1964-68

	1964	1965	1966	1967	1968
Boys	822	1,017	1,698	3,359	4,894
Girls	259	257	266	651	1,322
Total	1,081	1,274	1,964	4,010	6,216
Narcotic or Drug					
Marijuana	733	739	1,522	2,910	2,472
Dangerous Drugs	321	520	397	1,062	3,684
Heroin, Morphine, Opium	27	15	32	23	56
LSD	- -	- -	-13	-15	4

* Some arrests were for more than one type of narcotic or drug.

The data in Table B reveal that boys accounted for 82 percent of marijuana and 76 percent of dangerous drugs arrests made by the Los Angeles Police Department in 1968. Fifty-nine percent of all arrests were for dangerous drugs violations. Arrests for heroin, morphine, opium, and LSD continue to show the lowest frequency, with sixty pupils involved.

TABLE B

JUVENILE NARCOTICS AND DANGEROUS DRUGS ARRESTS *
Los Angeles Police Department
1968

Narcotic or Drug	Boys	Girls	Total
Marijuana	2,038	434	2,472
Dangerous Drugs	2,806	878	3,684
Heroin, Morphine, Opium	46	10	56
LSD	4	- -	4
Total	4,894	1,322	6,216

* Some arrests were for more than one type of narcotic or drug.

Seventy-two percent of the girls reported in Table C, page 3, were arrested for dangerous drugs offenses during the first four months of 1969, while the number of boys involved in marijuana and dangerous drugs violations was almost equal. A projection of the 2,940 arrests for a full year gives a total of 8,820, a gain of 42 percent over 1968.

TABLE C

JUVENILE NARCOTICS AND DANGEROUS DRUGS ARRESTS *

Los Angeles Police Department
January 1 through April 30, 1969

Narcotic or Drug	Boys	Girls	Total
Marijuana	1,101	191	1,292
Dangerous Drugs	1,133	498	1,631
Heroin, Morphine, Opium	11	5	16
LSD	- -	1	1
Total	2,245	695	2,940

* Some arrests were for more than one type of narcotic or drug.

The California Education Code, Section 10603, requires local law enforcement agencies to submit a report immediately to the local school district of all juvenile drug abuse arrests on school premises or elsewhere. Our Child Welfare and Attendance Branch has received such information on a monthly basis since the effective date of the Education Code amendment (November 13, 1968) and has made the data available to the various divisions and schools involved.

Table D, page 4, indicates the number of drug abuse arrests of elementary, junior high, and senior high school boys and girls enrolled in the Los Angeles City Schools during the period January 1 through April 30, 1969. The data were compiled from reports of all law enforcement agencies in accordance with the required legislation.

Fifty percent of the violations involved possession, and 28 percent of the pupils were arrested while under the influence of narcotics or drugs. The ratio of boys arrested as compared to girls was 3 to 1. The 192 pupils arrested for the sale of narcotics and dangerous drugs is a major factor which contributes to the growth and severity of the drug abuse problem and requires high priority in any plan for amelioration.

Table D reveals a continued high incidence of marijuana arrests, with boys exceeding girls by 6 to 1. Activities in the dangerous drugs category exceeded all others with a 2 to 1 ratio of boys to girls. The 190 pupils arrested for offenses involving inhalants (fumes and poisons) is included in the law enforcement summary for the first time. The data show the severity of the narcotics and dangerous drugs problem at the senior high school level in all types except LSD.

The 269 arrests for other narcotics violations (heroin, morphine, opium) which were reported by all law enforcement agencies for only one-third of the year 1969 were a marked increase over the fifty-six reported by the Los Angeles Police Department for the entire 1968 calendar year (Table A). This gain is especially significant since the Los Angeles Police

Department serves approximately 82 percent of the population residing within the Los Angeles City Unified School District. The type of narcotic involved in the arrests was determined by the Child Welfare and Attendance Branch from California Code citations (Health and Safety, Penal, Vehicle) which were submitted to the District by law enforcement agencies. Differences in the interpretation of these data among reporting agencies and the District may account for the sudden increase in the number of arrests listed in the heroin, morphine, and opium category.

TABLE D

JUVENILE NARCOTICS AND DANGEROUS DRUGS ARRESTS *
By
All Law Enforcement Agencies
Of
Pupils Enrolled in Los Angeles City Schools
January 1 through April 30, 1969

School	Reason *					Type of Narcotic or Drug				
	Possession	Use	Sale	Influence	Welfare and Inst. Code (Sect. 601)**	Marijuana	Dangerous Drugs	LSD	Heroin, Morphine, Opium	Fumes and Poisons
Elementary										
Boys	8	2	1	10	3	4	13	- -	2	4
Girls	1	- -	- -	- -	1	1	1	- -	1	- -
	9	2	1	10	4	5	14	- -	3	4
Junior High										
Boys	220	11	43	129	83	186	184	2	41	64
Girls	52	9	12	77	55	30	145	- -	21	6
	272	20	55	206	138	216	329	2	62	70
Senior High										
Boys	1,058	57	115	491	166	763	812	- -	141	101
Girls	244	24	21	183	97	128	346	- -	63	15
	1,302	81	136	674	263	891	1,158	- -	204	116
Totals										
Boys	1,286	70	159	630	252	953	1,009	2	184	69
Girls	297	33	33	260	153	159	492	- -	85	21
	1,583	103	192	890	405	1,112	1,501	2	269	190

* Some arrests were for more than one reason or type of narcotic or drug.
** Juveniles in danger of leading an idle, dissolute, lewd, or immoral life.

Table E, page 5, compares the number of pupils arrested (reported in Table D) with District-wide school enrollment as of April 30, 1969. Approximately 2 percent of senior high pupils were involved. There was a markedly lower incidence on the other levels, particularly the elementary.

TABLE E

JUVENILE NARCOTICS AND DANGEROUS DRUGS ARRESTS *
Pupils Enrolled in Los Angeles City Schools
January 1 through April 30, 1969
Compared with Total District Enrollments April 30, 1969

School	No. Arrested *	Enrollment	Percent
Elementary	26	360,461	.007
Junior High	691	143,877	.05
Senior High	2,456	135,999	1.8
Total	3,173	640,337	1.857

* Reported by all law enforcement agencies.

Twenty-seven pupils (nine junior and eighteen senior high) were expelled for narcotics or dangerous drugs violations from the District's secondary schools during the period September, 1968, through April, 1969. Considering the number of cases pending, it was estimated by the Child Welfare and Attendance Branch that the number of expulsions would double by the close of the school year.

Arrest statistics are only one index of the extent and nature of the drug abuse problem. The total number of juveniles engaged in the sale, possession, or use of narcotics or drugs who are not arrested cannot be determined on an objective basis. If a parallel were drawn with other violations of law, it can be concluded that the drug abuse problem is greater than the arrest statistics reveal.

During the ten-week period of the study, several proposals were received by the District for the improvement and expansion of its drug abuse education and control programs. The suggestions required careful evaluation and reflected the high degree of community concern. Proposals were submitted by the following: Aerosol Education Bureau, University of Southern California School of Pharmacy, University of Southern California Summer Session Office, Drug Abuse Associates, Los Angeles Chapter of Hadassah, Los Angeles County District Attorney's Young Citizens Council, KTTV, Mayor's Citizens Committee on Narcotics, Mrs. Theodore Mitchell (Title I, ESEA Citizens Compensatory Advisory Committee), Smarteens, Lockheed Education Systems, Roy Evans (L.A. County Information Service), and the Los Angeles County Board of Supervisors.

Survey Procedure. To achieve the objectives of the study, it was essential to obtain significant data from local school personnel and those in the administrative offices who had responsibilities in the field under investigation. Two hundred nine staff members participated in the study by completing the questionnaires that appear in the Appendix.

An area committee was appointed by each of the Elementary District Superintendents to provide data for the elementary schools. Each committee was composed of an administrative coordinator and five or six principals who represented geographic units within the area. A total of forty-nine administrators served on the special committees. The elementary form, "Survey of School Involvement in Narcotics Education and Control," was used to compile essential drug abuse information. The Elementary Health Education Supervisor coordinated the efforts of the eight area committees and collated the data for the Elementary Division.

All junior and senior high school principals were requested to complete the secondary form, "Survey of School Involvement in Narcotics Education and Control," and to return the completed questionnaires to their respective area offices. A summary response was then compiled by an area committee composed of the secondary administrative coordinator and two principals and two vice-principals, representing both junior and senior high school levels. The Secondary Health Education Supervisor coordinated the efforts of the four area committees and prepared a composite report for the Secondary Division.

All adult school principals responded on the secondary form and returned completed questionnaires to the Parent Education Supervisor who served as chairman of a special committee for the preparation of the report for the Adult Education Division. The committee was composed of principals who were representative of each of the geographic areas.

Seventeen staff members from the administrative offices responded on the form, "Survey of District-Wide Staff Involvement in Narcotics Programs, Services, and Control." Pertinent information was also obtained during the course of the study by frequent personal conferences.

Information gained from discussions with interested citizens and representatives from business and governmental agencies was of value in determining the scope and severity of the problem. A conference with the special Narcotics Committee of the Los Angeles County Grand Jury confirmed the critical need for coordination of community programs and services.

ELEMENTARY SCHOOLS

Most of the principals who responded for the Elementary Division indicated that there were only a few planned instructional programs devoted to drug abuse education. Some schools had occasional programs for A6 and gifted pupils and invited guest speakers to serve as resource persons. One hundred sixty-eight schools scheduled the filmstrip, "Drugs: Helpful and Harmful," for use during the spring semester. This teaching aid was prepared by District personnel and became available in March, 1969.

The survey committee expressed the need for a teaching guide, additional audio-visual aids, increased parent education and cooperation with community groups, in-service education, and the use of educational television. It was recommended that the services of experts in the drug abuse field be utilized for parent meetings, and that educational materials be distributed to parents. It was also suggested that consideration be given to the development of a Narcotics Mobile which would be similar to the Artmobile and Bookmobile, and that the Los Angeles Police Department design a narcotics prevention program that would follow the format of the Los Angeles Fire Department's fire prevention program.

Although arrests of elementary pupils for narcotics and dangerous drugs violations have not occurred to a marked degree to date, principals reported increased parent, teacher, and community concern. Elementary pupils who became involved were often influenced by an older sibling, a junior high school friend, or by the availability of drugs in the home. If a case required resources and services that were beyond the scope of the school staff, referrals were made to community agencies. Emphasis was placed upon parent cooperation in providing better supervision and obtaining professional guidance when indicated. The need for more intensive teacher education and a planned program of instruction, especially in the upper grades, was reported.

An effort was made at the school level to provide counseling and understanding to remove the need to resort to drugs or other dangerous substances. The principal, counselor, nurse, school physician, teacher, and assistant supervisor of Child Welfare and Attendance pooled their knowledge and skills to help the child. When the use of specialized resources seemed desirable, referrals were made to community agencies such as the Assistance League, PTA Guidance Centers, Los Angeles County Health Department, Los Angeles Police Juvenile Narcotics Division, Synanon, Mental Health Centers, and Project Del Barrio. The elementary school responses indicated a need for additional staff counseling time and the development of a community-wide drug abuse education program.

JUNIOR AND SENIOR HIGH SCHOOLS

The secondary questionnaire was completed by all of the seventy-three junior high and fifty-five of the senior high school principals. Only one senior high questionnaire was not returned. Responses received from the one hundred twenty-eight secondary schools appear in Tables F-L. The number of schools replying is shown in each of the tables. Ratings of "much" or "some" were considered to be positive.

Table F reveals how schools evaluated the effectiveness of several basic pupil activities. Sixty-seven percent of the senior high schools indicated "much" or "some" for the effectiveness of assembly programs in controlling the drug abuse problem, but only 43 percent of the junior highs reported assemblies to be of positive value. The majority of secondary schools indicated that clubs had little or no effect upon the problem (72 percent junior and 61 percent senior high). School papers received only a 30 percent junior and 53 percent senior high positive reaction, and student government activities were given ratings for positive effectiveness of 46 and 50 percent, respectively.

TABLE F

EFFECTIVENESS OF PUPIL ACTIVITIES
IN NARCOTICS AND DANGEROUS DRUGS
Junior and Senior High Schools

Activity	Degree of Effectiveness			
	Much	Some	Little	None
Assemblies				
Junior (N=60)	6	20	14	20
Senior (N=52)	6	29	11	6
Clubs				
Junior (N=50)	3	11	8	28
Senior (N=44)	3	14	14	13
School Paper				
Junior (N=50)	2	13	15	20
Senior (N=51)	6	18	18	9
Student Government				
Junior (N=54)	4	21	20	9
Senior (N=50)	6	19	15	10

Other pupil activities listed as effective in addition to those specified in the survey instrument were: forums, student panels, pupil-parent meetings, counseling sessions, participation in out-of-school prevention and/or rehabilitation groups, and the designing of meaningful bulletin boards and posters.

The classroom instructional program was reported by both levels as being highly effective. Table G, page 9, indicates that 97 percent of the junior high and 95 percent of the senior high schools considered the instructional program of positive value in terms of transmitting knowledge. Sixty-five percent of the junior high principals assigned the highest possible rating to this item, and 56 percent of the senior high schools reacted similarly with ratings in the "much" category. A constructive influence on attitudes was noted by all but four schools on each level. Eighty-five percent of both groups reported the instructional program as being effective in influencing behavior.

TABLE G

EFFECTIVENESS OF CLASSROOM INSTRUCTION
IN NARCOTICS AND DANGEROUS DRUGS
Junior and Senior High Schools

Outcome	Degree of Effectiveness			
	Much	Some	Little	None
Knowledge				
Junior (N=68)	44	22	2	0
Senior (N=55)	31	21	2	1
Attitudes				
Junior (N=66)	21	41	4	0
Senior (N=55)	12	39	3	1
Behavior				
Junior (N=67)	19	38	10	0
Senior (N=53)	9	36	6	2

The data in Table H reveal a higher evaluation of PTA meetings by junior high schools (84 percent response in the positive categories as compared to 54 percent by senior high schools). The majority of principals reported grade level meetings to be of little or no value in resolving the drug abuse problem. Junior high schools were equally divided regarding the effectiveness of small group parent conferences; 65 percent of the senior high schools considered this activity to be worthwhile. Ninety-two percent of the junior highs and 88 percent of the senior highs reported individual conferences as being the most effective technique for parent education.

TABLE H

EFFECTIVENESS OF PARENT EDUCATION ACTIVITIES
IN NARCOTICS AND DANGEROUS DRUGS
Junior and Senior High Schools

Activity	Degree of Effectiveness			
	Much	Some	Little	None
PTA Meetings				
Junior (N=67)	10	46	7	4
Senior (N=48)	5	21	10	12
Grade Level Meetings				
Junior (N=45)	0	11	4	30
Senior (N=36)	0	7	3	26
Small Group Conferences				
Junior (N=49)	5	19	6	19
Senior (N=46)	8	22	8	8
Individual Conferences				
Junior (N=60)	20	35	3	2
Senior (N=48)	17	25	3	3

Additional helpful parent activities noted by the principals were: programs sponsored by churches, coordinating councils, adult schools, service clubs, chambers of commerce, Young Men's Christian Associations, and the Watts Labor Committee Action Council; Los Angeles Police Department presentations; Hot Line; newsletter articles; PTA executive board reports; parent involvement in activities of groups such as El Projecto Barrio, DAWN, DARE, and PTA Drug Abuse Councils.

Table I reveals a greater involvement by senior high than by junior high pupils in all aspects of the narcotics and dangerous drugs problem on campus. In reporting the extent of control problems, ratings of "much" or "some" were given by senior high schools as follows: "possession," 80 percent; "sale," 59 percent; and "use," 76 percent. The junior high ratings were markedly below with these percentages: "possession," 43 percent; "sale," 21 percent; and "use," 36 percent.

All senior high principals indicated the existence to some degree of a control problem on campus in the areas of "possession" and "use," and all but two schools reported problems of "sale." On the junior high level, only one school listed no problem with possession, eight reported "none" for the "sale" category, but all schools noted a problem of "use."

TABLE I

CONTROL PROBLEMS ON CAMPUS
NARCOTICS AND DANGEROUS DRUGS
Junior and Senior High Schools

Problem	Extent of Problem			
	Much	Some	Little	None
Possession				
Junior (N=72)	4	27	40	1
Senior (N=54)	6	37	11	0
Sale				
Junior (N=70)	2	13	47	8
Senior (N=51)	3	27	19	2
Use				
Junior (N=72)	2	24	46	0
Senior (N=55)	10	32	13	0

Senior high schools reported a greater control problem in the vicinity of the school than did junior highs in all items listed in Table J, page 11. Percentages in the "much" or "some" categories as noted by senior highs were: "possession," 88 percent; "sale," 87 percent; "use," 85 percent. Junior high ratings were: "possession," 63 percent; "sale," 54 percent; "use," 66 percent.

TABLE J

CONTROL PROBLEMS IN SCHOOL VICINITY
NARCOTICS AND DANGEROUS DRUGS
Junior and Senior High Schools

Problem	Extent of Problem			
	Much	Some	Little	None
Possession				
Junior (N=72)	11	34	25	2
Senior (N=52)	13	33	4	2
Sale				
Junior (N=72)	11	28	28	5
Senior (N=53)	11	35	4	3
Use				
Junior (N=73)	13	37	20	3
Senior (N=53)	17	28	6	2

The following techniques and resources were used by one or more schools to aid pupils who were under the influence of narcotics or dangerous drugs on campus:

Techniques: Parent conference; contact vice-principal; make referrals with minimum distraction; teacher orientation; deposit all pupil's medication with nurse; arrest; observation of pupils and loiterers by parents and community workers; health council; initial problem referred to parent but succeeding offense to police; intensive campus supervision; peer pressure; confidentiality of incidents; use of security agent; immediate referral to health office; suspension; expulsion; seminar program for users desirous of help; pupil taken to parent by school representative; counseling; photographs of users; tape recording of dialogue with pupil and vice-principal; "South Bay News" and "Evening Outlook" special editions distributed to all pupils; and written statement of each offense obtained from pupil, faculty, and witnesses.

Undercover narcotics investigators were enrolled in several Valley high schools during the spring semester. Ninety-eight arrests were made on campus for the sale of narcotics or dangerous drugs.

Resources (School): Area office psychological testing, health staff, Child Welfare and Attendance Supervisor, counseling staff, opportunity room, and opportunity transfer.

Resources (Community): Los Angeles Police Department[2], emergency hospitals[2], Los Angeles County Probation Department[2], DAWN, private physicians, private counseling, clergy, Family Service Agency, San Fernando Assistance League, Kennedy Clinic, Regis House, Hollywood Presbyterian Church, Synanon, PTA guidance clinics[2], YMCA[2], Teen Post, Kedren Community Mental Health Center, Teen Challenge, Los Angeles County Sheriff, Roy Evans Rehabilitation Center, Volunteers of America, Salvation Army Family Counseling, All Nations Family Service, California Youth Authority, Los Angeles Mental Health Clinic, California Mental Hygiene Clinic, Pepperdine College Psychology Department, South Bay Mental Health Center, RAFE, Catholic Big Brothers, Jewish Big Brothers, Adler Counseling Center, Rush Clinic, Hot Line[2], Smarteens, DARE, Westminster Community Center, Council of Jewish Women, and Gardena Community Counseling Center.

The need for District-wide administrative guidelines that would apply to pupils involved in narcotics and dangerous drugs activities is shown in Table K. Eighty percent of the junior high principals indicated a need in the "much" or "some" categories for a statement of policies and procedures to cope with "possession," 79 percent for pupils engaged in "sale," and 83 percent for those involved in "use." Senior high responses were slighly lower but confirm the junior high expression of need. Seventy-seven percent revealed that guidelines would be helpful in cases involving "possession," 73 percent in "sale" activities, and 78 percent for a more effective resolution of problems of "use." Approximately one-half (54 percent) of the senior highs evaluated the need for guidelines in the "much" column.

TABLE K

NEED FOR DISTRICT-WIDE GUIDELINES
PUPILS INVOLVED IN NARCOTICS AND DANGEROUS DRUGS
Junior and Senior High Schools

Involvement	Extent of Need			
	Much	Some	Little	None
Possession				
Junior (N=67)	32	22	7	6
Senior (N=52)	29	11	4	8
Sale				
Junior (N=67)	32	21	8	6
Senior (N=52)	30	8	5	9
Use				
Junior (N=67)	33	23	5	6
Senior (N=51)	28	12	3	8

Principals reported inadequate community resources for the treatment and rehabilitation of pupils who become involved in the use of narcotics or dangerous drugs. Table L reveals that 79 percent of the junior high and 86 percent of the senior high schools considered referral resources inadequate.

TABLE L

ADEQUACY OF COMMUNITY REFERRAL RESOURCES
PUPILS INVOLVED IN NARCOTICS AND DANGEROUS DRUGS
Junior and Senior High Schools

School Level	Yes	No
Junior (N=63)	13	50
Senior (N=50)	7	43

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[2] Reported as being especially helpful.

The following innovative programs or techniques designed to cope with the drug abuse problem were reported by principals: parent education activities planned by special PTA committees or school advisory committees, compilation of index of local agencies providing treatment and rehabilitation services, noon open forum discussions and films, homeroom information units, university pharmacy majors as speakers, relevant student government projects, pupil narcotics club, encouragement of church-sponsored projects, and inter-school conference involving entire student body in panel and small group discussions.

Problems identified by principals included: easy access to drugs and narcotics, loiterers in vicinity of school (especially near continuation classes), lack of parent concern and knowledge, reluctance of police to arrest girl users, and limited court action regarding violators.

Needs noted in survey responses were: parent education; additional treatment and counseling resources including walk-in clinics; relevant in-service education for teachers, counselors, and administrators; more instructional aids; improved supervision on campus; intensive supervision of juvenile court wards; community information programs; more intensive law enforcement with additional narcotics investigators and coordinated efforts to apprehend sellers; enforcement of attendance laws for sixteen-and-seventeen-year-old pupils; effective legislation to reduce supply; guidelines for teachers and administrators; women security agents; additional noon aides; District staff of experts; information to aid school personnel in identification of users; improved parental supervision; publication of leaflet on drug abuse similar to "3-Rs of Discipline;" and more pupil counseling services after detection, arrest, and release.

Additional suggestions not included under needs above which were offered by principals were: enlist assistance from news media, initiate research on drug abuse prevention, expand health instruction at all levels, exclude repeated violators (under influence) for medical reasons, require reporting of all violators to police by teachers and administrators, and assign officers in each police division to coordinate program for area.

ADULT SCHOOLS

Community adult school and occupational center principals were requested to complete those sections of the secondary survey instrument that applied to their individual school situations. Responses were received from twenty-seven adult schools and the two occupational centers. Only one adult school reply was not received. Drug abuse activities in the adult program centered in the areas of classroom instruction, parent education, control, and cooperative community involvement.

Principals indicated that there were no required drug abuse instructional units that were similar to those taught in the secondary health education course. Many adult teachers, however, included pertinent materials as a supplement to other authorized courses. One occupational center reported the use of programmed study materials, while the other center offered a health education class to high school pupils in which the narcotics and dangerous drugs unit was a major component. During the spring semester, seven adult school classes were scheduled in which the entire course focused on drug abuse education for parents. Students in one of the classes were parents of juveniles who were on probation for offenses involving narcotics or dangerous drugs.

The effectiveness of classroom instruction as reported in Table M reveals thirty-one positive responses by principals. Parent education classes designed entirely for drug abuse instruction and the practical nursing courses received the highest ratings. Other parent education classes were considered to be of little or no value in the area of drug abuse education.

TABLE M

EFFECTIVENESS OF CLASSROOM INSTRUCTION IN
NARCOTICS AND DANGEROUS DRUGS
Adult Schools

Class	Degree of Effectiveness			
	Much	Some	Little	None
Practical Nursing (N=20)	6	11	3	0
First Aid (N=2)	0	2	0	0
Contemporary Moral Issues (N=1)	0	0	1	0
Science (N=2)	1	0	1	0
Social Studies (N=1)	1	0	0	0
Medical Terminology (N=7)	0	0	7	0
Parent Education on Drug Abuse (N=8)	2	5	1	0
Other Parent Education Classes (N=26)	1	2	20	3

Other community adult school activities included: lectures, forums, PTA programs presented by adult school staff, school-community meetings, a school advisory committee program, informational leaflets for teachers, and special displays and news articles.

The concern of principals for the control of narcotics and dangerous drugs on campus is reflected in the responses shown in Table N. Problems were presented by some students and non-students who entered the campus. A majority of the schools, however, indicated that no control problems existed.

TABLE N

CONTROL PROBLEMS ON CAMPUS
NARCOTICS AND DANGEROUS DRUGS
Adult Schools

Problem	Extent of Problem			
	Much	Some	Little	None
Possession	1	7	3	18
Sale	1	3	5	20
Use	1	6	7	15

N=29

The occupational centers, which operated day and evening classes, reported more difficulty controlling the problem than did community adult schools, whose students attended mainly in the evening.

The data in Table O reveal that the problem of control was slightly greater in the vicinity of the school than on campus. Forty-one percent of the schools assigned high ratings for each item, although the majority of schools reported little or no off-campus difficulties.

TABLE O

CONTROL PROBLEMS IN SCHOOL VICINITY
NARCOTICS AND DANGEROUS DRUGS
Adult Schools

Problem	Extent of Problem			
	Much	Some	Little	None
Possession	4	8	4	13
Sale	3	9	3	14
Use	4	8	6	11

N=29

The following procedures were considered helpful in coping with the problem of adult school students on campus who were under the influence of narcotics or dangerous drugs: isolate student as soon as condition is noticed; send student home accompanied by a certificated staff member, spouse, or law enforcement officer; report individual under the influence to law enforcement agency; utilize services of security agent; refer violator to administrator, guidance specialist, and/or counselor for approval to reenter class.

An expression of need for District-wide guidelines for students involved in drug abuse activities reveals a consistency of reponses for all items listed in Table P. Eighteen of the twenty-nine schools, or 62 percent of those reporting, disclosed little or no need for guidelines, while eleven principals indicated they would be of positive value.

TABLE P

NEED FOR DISTRICT-WIDE GUIDELINES
STUDENTS INVOLVED IN NARCOTICS AND DANGEROUS DRUGS
Adult Schools

Involvement	Extent of Need			
	Much	Some	Little	None
Possession	5	6	7	11
Sale	5	6	5	13
Use	5	6	6	12

N=29

Principals were requested to respond regarding the adequacy of community resources for the referral of students who became involved in the use of narcotics or dangerous drugs. The responses of the seventeen schools replying were almost equally divided, with nine affirmative and eight negative reactions.

Resources used by the adult schools for referral purposes were: Bridge Back, Hot Line (Children's Hospital and Harbor community), East Side Drug Addiction Center, Case Conference Workshops, Church personnel (Catholic and Protestant), Los Angeles County Narcotics Information Service, Kedren Community Health Center, Free Clinic, Narcotics Prevention Project, National Youth Association (Harbor chapter), San Vicente Twenty-Four-Hour Clinic, UCLA Medical Center, Veterans Administration, San Fernando Child Guidance Clinic, hospitals (emergency, general, private), and law enforcement agencies (Los Angeles, Bell, Huntington Park, Maywood Police Departments, and Los Angeles County Sheriff's Department).

The following innovative adult school programs and control techniques in the field of narcotics and dangerous drugs were noted in the survey responses: major unit included in the course, "Understanding Teenagers," and in a class for parents of elementary school children; parent education classes devoted wholly to a discussion of the topic and scheduled for parents of juvenile narcotics and drugs offenders referred by the court, parents of elementary school pupils, or PTA members and day school personnel; Los Angeles Police Department narcotics investigators enrolled in classes to reduce sales on campus; programmed instructional materials improved and expanded.

Needs identified by principals included: essential information to aid staff in the detection of users and to cope with students under the influence; a comprehensive instructional program in additional adult schools; local-level leadership to encourage participation of parents in drug abuse educational activities; security agents in more schools; community referral agencies increased to provide treatment and rehabilitation services; denial of enrollment to those applicants who may be known purveyors or users.

The following suggestions for improvement were made: provide in-service education specifically designed for adult school personnel; develop and distribute a list of referral agencies; formulate District-wide guidelines to aid in control problems, noting differences applicable to minors and adults; involve medical profession in programs of prevention and rehabilitation for the casual user; provide informational bulletins for teachers to enrich classroom instruction; increase the use of indigenous personnel affiliated with local self-help organizations to develop broader participation of area residents; strengthen cooperative efforts with Los Angeles County Department of Community Services; evaluate current instructional materials; involve student councils in preventive aspects; expand use of undercover investigators in classes or on campus for improved detection; treat sellers as violators, not health problems; develop liaison with juvenile court judges for referral to adult school classes of parents of minors involved in drug abuse; expand special classes and lecture series.

Additional comments made were:

-"Without active and realistic involvement of the community and resources, we cannot move very far."

-"The adult world needs to search for new communication patterns and devices and be willing to spend energy and creativity in that search."

-"We must approach the problem of drug abuse honestly and thoroughly."

ADMINISTRATIVE OFFICES STAFF

Staff members in the administrative offices who had some responsibility in the area of drug abuse education or control listed a variety of services that were performed for pupils, parents, and school personnel. They also reported essential liaison activities that were provided in cooperation with public and private agencies and voluntary community service groups.

Administrative staff activities centered on developing and selecting appropriate instructional materials and audio-visual aids; serving as resource personnel to teachers and administrators; speaking to pupil, parent, teacher, and community groups; planning in-service education workshops; processing expulsions and reinstatements; suggesting to parents and staff suitable referral resources and/or disposition of cases; and evaluating proposals by individuals and community organizations to supplement the ongoing school program.

Staff members represented the District as members of groups such as the Juvenile Court School Advisory Committee, California Inter-Agency Council on Drug Abuse, Community Health Week Planning Committee, Narcotics and Drug Abuse Committee of the Los Angeles County Department of Community Services, and the Mayor's Adult Committee for Youth Drug Abuse.

Personnel worked cooperatively with the Los Angeles County Medical Association and the Los Angeles Police and Sheriff's Departments in the preparation of relevant instructional materials for pupils and in-service education for teachers. The filmstrip, "Drugs: Helpful and Harmful," was prepared for use in sixth grade classes, and a "Drug Abuse Awareness and Orientation" program was created and presented to all secondary school faculties during 1968-69.

The following suggestions for strengthening present services and programs were noted: organize in-service education workshops in all schools; provide in-service education for school physicians, nurses, Child Welfare and Attendance personnel, counseling and guidance specialists, and administrative offices personnel who have responsibilities for drug abuse education and control; expand elementary curriculum by adding specific instructional units; develop and/or purchase appropriate instructional materials for all levels; utilize Office of Public Information to inform parents and community regarding effective programs, services, and policies; assign an assistant supervisor of Child Welfare and Attendance in each area as a specialist to counsel pupils involved in possession, sale, or use, and to organize a drug abuse adjustment class for violators before readmittance to the regular school; refer all drug abuse cases to the assistant supervisor of Child Welfare and Attendance serving a given school for counseling and follow-up services with pupils and parents; establish a referral index; and expand group counseling.

Seventy percent of those replying on the survey instrument indicated a need for District-wide coordination of the narcotics and dangerous drugs program. It was suggested that a specific staff member be assigned the responsibility of coordinating activities in order to eliminate duplication and overlapping of functions, to effectively evaluate the increasing number of proposals that have been, and give evidence of continuing to be, received by the District, and to channel news media requests for information. It was also suggested that administrative responsibility for the coordination of elementary school activities be assigned to an assistant superintendent.

The Health Services Branch completed plans for a "Drug Abuse School Services Project" for the 1969-70 school year. Approximately fifty mental health consultation sessions for school and agency personnel will be conducted to increase understanding of children involved in drug abuse. The project will also provide psychiatric services and medical assistance for those pupils who have developed physical health problems from the use of injurious habit-forming substances.

A meeting of forty-five professional personnel from city and county governmental agencies was convened on May 28, 1969, by the Los Angeles County Department of Community Services to share information regarding treatment and rehabilitation programs for juvenile users of narcotics and dangerous drugs. The District was represented by three staff members from the administrative offices. Participants at the meeting underscored the need to develop programs which offer an alternative to the police for the filing of juvenile court petitions and provide for the expansion of referral resources for early treatment. A serious need was also expressed for a clearinghouse of educational materials and for the coordination of existing and planned educational and treatment programs.

The following resolution, which was adopted by the group, was referred to the Los Angeles County Board of Supervisors for action:

> "That the Health Department become the vehicle for the development and coordination of programs relating to the medical aspects of the narcotics and dangerous drugs problem, and that a task force be formed to include all the concerned agencies as an ongoing action body to be convened by the Narcotics and Dangerous Drugs Commission."

Pursuant to the above recommendation, three Los Angeles County Departments (Health, Hospitals, and Community Services) were assigned the responsibility of designing a coordinated plan by December, 1969, to implement a constructive treatment and rehabilitation service. When the basic organizational structure is determined, the Los Angeles City Unified School District will be invited to participate in the development of the educational component and in the establishment of referral policies and procedures.

SUMMARY OF FINDINGS

Extent of Problem. Juvenile drug abuse arrests by the Los Angeles Police Department within the City totaled 6,216 in 1968, a 475 percent increase from 1964 to 1968. There was a 55 percent gain from 1967 to 1968.

> The number of arrests for dangerous drugs increased slightly over 1,000 percent from 1964 to 1968, and 247 percent from 1967 to 1968. Fifty-nine percent of all drug abuse arrests in 1968 were for dangerous drugs violations.
>
> The number of arrests for marijuana offenses increased 237 percent from 1964 to 1968, but decreased 15 percent from 1967 to 1968.
>
> Sixty were arrested in 1968 for violations which involved heroin, morphine, opium, or LSD.
>
> Seventy-nine percent of all arrests in 1968 for drug abuse were boys.

Arrests of 2,940 juveniles for drug abuse offenses were made by the Los Angeles Police Department during the first four months of 1969. A projection of this total for the full year indicates a gain of 42 percent over 1968.

Twenty-six elementary, 691 junior high, and 2,456 senior high school pupils who were enrolled in Los Angeles City Schools were arrested by all law enforcement agencies for drug abuse activities from January 1 through April 30, 1969. The percent of pupil arrests compared to total enrollment for each level was: elementary, .007; junior high, .5; senior high, 1.8. A projection of arrests for the entire year 1969 shows these percentages: elementary, .02; junior high, 1.5; senior high, 5.4.

> Drug abuse violations were as follows: sale on campus or elsewhere, 192; possession, 1,583; under the influence, 890.
>
> Boys exceeded girls by 6 to 1 in number of marijuana arrests.
>
> The heroin, morphine, opium arrest category showed an increase from fifty-six to 269, or a 380 percent gain for one-third of the current year in comparison to the entire previous year.

Twenty-seven pupils were expelled from the District's secondary schools for narcotics or dangerous drugs violations during the period September, 1968, through April, 1969. Considering the number of cases pending, it was estimated that this figure will double by the close of the school year.

Proposals for the improvement and expansion of the District's drug abuse education and control program were received from thirteen community individuals or groups during the ten-week period of the study.

Elementary Schools. Specific instructional programs devoted to narcotics and dangerous drugs education were not regularly scheduled in all schools but were offered to A6 and gifted pupils in some schools. One hundred sixty-eight elementary schools used the filmstrip, "Drugs: Helpful and Harmful," during the spring semester, 1969.

Needs were expressed for a teaching guide, additional audio-visual aids, increased parent education, in-service education, educational television, cooperation with community groups, development of a Narcotics Mobile, enlistment of Los Angeles Police Department expertise for the formulation and presentation of a prevention program, a planned instructional unit for all upper grades, additional counseling time, and development of a community-wide drug abuse educational program.

Emphasis was placed upon obtaining parent cooperation and understanding for the relatively few elementary pupils who were involved in drug abuse activities. Pupils were referred for guidance to community agencies or non-school professionals if the problem were beyond the scope of school staff.

Secondary Schools. Positive ratings by junior highs of the effectiveness of pupil activities in controlling the drug abuse problem were as follows: assemblies, 43 percent; clubs, 28 percent; school papers, 30 percent; student government, 46 percent. Positive ratings by senior highs were; assemblies, 67 percent; clubs, 39 percent; school papers, 53 percent; student government, 50 percent. Other helpful activities listed for secondary pupils included: forums, student panels, pupil-parent meetings, counseling, pupil participation in community prevention and rehabilitation groups, and the designing of meaningful bulletin boards and posters.

The secondary classroom instructional program was considered highly effective and received positive ratings as follows: transmission of knowledge, 97 percent junior high and 90 percent senior high; constructive influence on attitudes, 94 percent junior high and 93 percent senior high; constructive influence on behavior, 85 percent for both junior and senior high schools.

Ninety percent of the secondary schools reported individual conferences as being the most effective technique for parent education, while the majority indicated that grade level meetings were of little or no value. Junior highs assigned positive ratings of effectiveness to PTA meetings of 84 percent, and to small group parent conferences of 50 percent. The senior high percentage for PTA meetings was 54 percent, and 65 percent for small group parent conferences.

Helpful parent education activities noted by principals included programs sponsored by churches, community coordinating councils and agencies, service clubs, adult schools, and the Los Angeles Police Department. Parent involvement in activities of specific prevention and treatment groups was also considered valuable.

Control problems on campus were more serious on the senior than on the junior high level. Comparative ratings, senior to junior, were: "possession," 80 to 43 percent; "sale," 59 to 21 percent; "use," 76 to 36 percent. All senior highs indicated the existence, to some degree, of control problems related to "possession" and "use," and all but two reported problems of "sale." Only one junior high reported no problem of "possession," eight listed no "sale" problem, but all revealed pupil involvement to some degree in "use."

Senior highs reported the extent of control problems in the school vicinity with the following percentages in the "much" or "some" categories:

"possession," 88 percent; "sale," 87 percent; "use," 85 percent. The lower junior high ratings were: "possession," 63 percent; "sale," 54 percent; "use," 66 percent.

Techniques and resources which were used to aid pupils who were under the influence of narcotics or dangerous drugs on campus included: arrests, suspensions, expulsions, opportunity transfers, opportunity rooms, conferences with pupils and parents, teacher orientation, intensive supervision by faculty and security agents, referrals to health office and Child Welfare and Attendance supervisor, and the deployment of undercover police investigators.

Secondary schools listed thirty-nine community agencies as helpful resources for pupils who were involved in the use of narcotics or dangerous drugs.

A need for administrative guidelines was expressed by approximately 80 percent of the junior and 75 percent of the senior high schools, with slightly over 50 percent of the secondary schools assigning the highest possible rating to the need for guidelines.

Approximately four-fifths of the secondary schools indicated that community resources for treatment and rehabilitation were inadequate.

Innovative programs reported by principals were: parent education sessions planned by special PTA or school advisory committees, compilation of index of local drug abuse agencies, noon forums, clubs, inter-school conference, university student speakers, and encouragement of church-sponsored projects.

Problems identified by principals included: easy access to narcotics and drugs, loiterers in school vicinity, lack of parent concern and knowledge, reluctance of police to arrest girl users, and lax court action for violators.

Suggestions made by principals were: intensify law enforcement and supervision of juvenile court wards, improve enforcement of compulsory attendance laws (16-and-17-year-olds), adopt effective legislation to curtail sales, employ women security agents, provide follow-up counseling after pupil involvement, employ additional noon aides, initiate research on drug abuse prevention, expand health instruction, intensify instruction on the elementary level, exclude for medical reasons pupils who are repeatedly under the influence, require teachers and administrators to report all violators to police, involve news media in writing of constructive articles, and assign a police department narcotics enforcement coordinator in each police division.

Adult Schools. Seven parent education classes on drug abuse were scheduled during the spring semester. Pertinent instructional materials were also included in other courses, but only the content in practical nursing classes received positive ratings of effectiveness.

Community adult schools scheduled lectures and forums, provided informational leaflets for teachers, and prepared special displays and news articles.

A majority of the community adult schools indicated that there were no control problems on campus or in the school vicinity. Control problems were reported to be more severe in the two occupational centers.

Procedures which were considered helpful in coping with the problem of adult students who were under the influence of narcotics or dangerous drugs included: isolate immediately from the group, arrange for student to be taken home, report violators to law enforcement agencies, utilize services of security agent, and require administrative approval for readmission to class.

Thirty-eight percent of the adult school principals disclosed a need for administrative guidelines to aid in the control of drug abuse violations.

Approximately one-half of the schools considered community referral resources inadequate.

Eighteen community agencies or services used by one or more schools were noted.

The following suggestions for improvement were made: include pertinent instructional units in related courses; offer specialized classes for parents; use programmed materials; enroll narcotics investigators (undercover agents) in classes to reduce sales offenses; provide in-service education designed for adult school personnel; compile list of referral agencies; prepare District-wide guidelines to aid in control problems; involve medical profession in prevention and rehabilitation aspects; provide supplemental information to enrich instructional units; offer courses, lectures, and forums in additional schools; develop local parent interest and leadership; assign security agents to more schools; strengthen cooperative community efforts for prevention, especially referral services; deny enrollment of known sellers; consider sellers as violators, not health problems; include more indigenous local self-help participants from community agencies in adult school activities; involve student council in preventive programs; and develop liaison with juvenile court judges to refer to special classes parents of minors who had petitions filed in their behalf for drug abuse.

Administrative Offices. Staff members in the administrative offices participated in the development and selection of instructional materials, served as resource personnel, planned in-service education workshops, processed expulsions and reinstatements, informed parents and staff about referral resources, evaluated proposals by individual and community organizations to supplement the ongoing school program, and represented the District as members of community drug abuse advisory committees.

The following suggestions for strengthening present services and programs were noted: organize in-service education workshops in all schools and for all administrative offices personnel who have drug abuse responsibilities; expand elementary curriculum; utilize District's Public Information Office to inform parents and community regarding effective programs, services, and policies; place additional responsibilities in Child Welfare and Attendance area offices for counseling and followup with pupil violators and their parents; establish a referral index; expand group counseling; and provide District-wide coordination.

The Health Services Branch completed plans for the 1969-70 school year which will provide fifty mental health consultation sessions for school and agency personnel and psychiatric and medical assistance for juvenile users.

A committee, composed of representatives from city and county governmental agencies and the School District, was convened by the Los Angeles County Department of Community Services in May, 1969, to identify imperative needs in the drug abuse field and to recommend procedures and programs for improvement. The Board of Supervisors accepted the committee's resolution which called for the preparation of a county-wide plan by December, 1969, for the development and coordination of essential treatment and rehabilitation services.

CONCLUSIONS

Juvenile narcotics and dangerous drugs arrests in Los Angeles City increased markedly during the past five years; a continued increase is projected for the year 1969.

The majority of juveniles residing in Los Angeles City who were arrested in 1968 and during the first four months of 1969 for drug abuse offenses were boys. Dangerous drugs violations exceeded all others. Senior high school pupils accounted for most of the arrests, but the data support the concern of parents, school personnel, and community leaders that a greater number of elementary and junior high school pupils have become involved in drug abuse violations.

Arrest data for pupils enrolled in Los Angeles City Schools as reported by all law enforcement agencies for the first four months of 1969 showed an unusual gain in the number of heroin, morphine, and opium violations. It was noted that the sudden increase may be attributed in part to differences in classification and interpretation of data by the District and reporting agencies.

The narcotics and dangerous drugs problem was evident in affluent as well as disadvantaged areas of the School District and prevailed in varying degrees at all school levels.

Individuals and public and private agencies have expressed an interest in cooperating with the District to improve and expand its drug abuse education and control program.

Specific instruction in the harmful effects of narcotics, dangerous drugs, and inhalants was required of all secondary pupils, was available to A6 and gifted pupils in many elementary schools, and was offered as an elective course, supplementary topic, or lecture program for adult school students.

The secondary classroom instructional program was considered highly effective in transmitting knowledge and constructively influencing attitudes and behavior.

Suggestions were made on all school levels to improve and expand the instructional program, obtain parent and community cooperation and involvement, provide relevant in-service education, and encourage the development of additional private and public referral resources for treatment and rehabilitation.

The individual conference was considered by elementary and secondary staff members to be the most effective method for achieving parent understanding.

School and administrative offices personnel emphasized the need for expanded individual and group counseling services, administrative guidelines to aid in problems of control, vigorous prosecution of purveyors, effective legislation to implement new programs and services, and District-wide coordination of drug abuse activities.

Senior high schools reported serious control problems on campus and in the school vicinity.

Staff on all school levels used a variety of school and community resources and innovative techniques for the control of drug abuse, but indicated that these were inadequate to cope with the rapid increase in pupil involvement.

RECOMMENDATIONS

Establish a District-wide Drug Abuse Council whose members would represent teachers and administrators from all school levels, secondary and adult school students, administrative offices staff, and key community organizations and governmental agencies. Schedule meetings regularly to accomplish the following: identification of changing needs and problems; exchange and dissemination of information regarding successful teaching and control techniques and referral resources; evaluation of new proposals and activities in the areas of instruction, control, and rehabilitation; service as advisory body to individual Council members, Division Heads, and the Office of the Superintendent.

Assign responsibility for the coordination of the proposed Drug Abuse Council's activities and all other District-wide narcotics and dangerous drugs programs to an administrative offices staff member.

Develop administrative guidelines to aid in the control of drug abuse offenses on campus and in the school vicinity.

Foster positive dialogue and develop cooperative relationships with community agencies, individuals, and the mass media to disseminate information regarding the District's drug abuse prevention activities and to improve community education, control, treatment, and rehabilitation programs.

Confer with law enforcement agencies to develop criteria and systems for the uniform classification and reporting of drug abuse arrest data.

Strengthen and expand drug abuse instructional units on all school levels.

Evaluate the effectiveness of the new sequence of drug abuse instruction for secondary pupils, scheduled for grades seven and ten under the annual promotion plan, and its grade placement relationship to the elementary school program which is offered primarily to sixth grade pupils.

Expand individual and group counseling services.

Support legislation which would enable the District to augment its drug abuse educational program.

Schedule intensive in-service education for District staff members who are directly involved in drug abuse programs and services, and provide relevant information for all other school personnel.

APPENDIX

Communication No. 17

LOS ANGELES UNIFIED SCHOOL DISTRICT
DIVISION OF ELEMENTARY EDUCATION
April 15, 1969

TO: Area Superintendents

FROM: Robert J. Purdy

SUBJECT: SURVEY OF NARCOTICS EDUCATION PROGRAMS AND CONTROL PROBLEMS AT THE LOCAL SCHOOL LEVEL

A district-wide survey is to be conducted to determine the status of narcotics education and control in elementary, secondary, and adult schools. In order to avoid surveying all schools, the following procedure is recommended in the elementary schools.

Each area will select one principal from each geographic group to serve on a committee directed by the area Administrative Coordinator. Miss Willie Haws, Health Education Supervisor, will serve as recorder for each meeting and will prepare the final report. Materials will be provided.

It will be necessary for the area Administrative Coordinator to contact Miss Haws (749-4375) before arranging the meeting date, since Miss Haws will be attending eight meetings.

The deadline for the completion of the report is Wednesday, April 30, 1969.

RJP:ph

LOS ANGELES CITY UNIFIED SCHOOL DISTRICT
Office of the Deputy Superintendent, Instruction

Survey of School Involvement in Narcotics Education and Control

I. Instruction

A. Describe current and planned innovative instructional programs in your school.

B. Identify problems, needs, and suggestions for improvement in the instructional program.

II. Parent Education

A. Describe special programs designed for parents of your pupils, i.e., PTA or community sponsored activities.

B. Indicate problems, needs, and suggestions for improvement.

Elementary

III. Control

A. Extent of problem on campus and vicinity, i.e., possession, sale, use, effect on educational program.

B. Methods of enforcement--local school policies and procedures.

C. Relations with law enforcement agencies, Child Welfare and Attendance, Health Services Branch, Probation, etc.

D. Suggestions for improvement.

IV. Treatment

A. Describe referral policies and problems.

B. List available community resources.

C. Indicate local school-community needs.

INTER-OFFICE CORRESPONDENCE
Los Angeles City Schools

TO: Area Superintendents Date April 21, 1969

FROM Otto E. Buss
Associate Superintendent

SUBJECT: SURVEY OF NARCOTICS EDUCATION PROGRAMS AND CONTROL PROBLEMS AT THE LOCAL SCHOOL LEVEL

A District survey is being conducted to determine the status of narcotics education and control in elementary, secondary, and adult schools.

In order to obtain significant information from the local school level as expeditiously as possible, principals have been requested to complete a questionnaire which has been designed to assist them in the identification and assessment of programs, problems, and needs. The completed forms should be submitted to the Area Office by April 30.

A special committee, composed of two principals and two vice-principals representing both junior and senior high schools, should be appointed to prepare a composite report for the Area based upon information received from the schools. The Administrative Coordinator is asked to coordinate the committee's efforts.

Mr. Joseph Langan, Supervisor, Health Education, will serve as a resource and contact person for the Secondary Division. The committee report should be sent to Mr. Langan, Room A-327, Administrative Offices, by May 12.

OEB:pah

INTER-OFFICE CORRESPONDENCE

Los Angeles City Schools

TO: Adult School Principals

Date April 17, 1969

FROM: William J. Johnston
Assistant Superintendent

SUBJECT: SURVEY OF NARCOTICS EDUCATION PROGRAMS AND CONTROL PROBLEMS AT THE LOCAL SCHOOL LEVEL

A district survey is being conducted to determine the status of narcotics education and control in elementary, secondary, and adult schools. In order to obtain significant information from the local school level as expeditiously as possible, a special Adult Education Division committee has been formed to identify and assess programs, problems, and needs in the narcotics field.

The following principals who are representative of our various communities have been appointed to serve on the committee:

Larry Larsen
Bill Warden
Al Bertea
Bill Kennedy
Jack Perry

Mrs. Elizabeth McCandless has been requested to function as a resource and contact person for the Division and to coordinate the committee's efforts.

A questionnaire, which you will receive under separate mailing, has been designed to assist school personnel in the gathering of essential data regarding current programs and problems as they relate to the local school.

Principals are requested to return the completed form to Mrs. McCandless, Room A-427. Administrative Offices, by April 30. The special committee will utilize the information submitted to prepare a composite response for our Division.

WJJ:cm

LOS ANGELES CITY UNIFIED SCHOOL DISTRICT
Office of the Deputy Superintendent, Instruction

SURVEY OF SCHOOL INVOLVEMENT IN NARCOTICS EDUCATION AND CONTROL

A District-wide survey is being conducted in the field of narcotics education and control to determine (1) the effectiveness of current instructional programs, administrative policies for drug abuse control, and referral resources for treatment and rehabilitation; and (2) problems, needs, and suggestions for improvement.

Principals are requested to check the appropriate columns in items I - VI and to enter pertinent comments in item VII.

I. Pupil Activities

If any of the following pupil activities are conducted in your school, please check the degree of effectiveness in controlling the drug abuse problem:

ACTIVITY	MUCH	SOME	LITTLE	NONE
Assemblies	____	____	____	____
Clubs	____	____	____	____
School Paper	____	____	____	____
Student Government	____	____	____	____
Other (List Activity)	____	____	____	____
____________	____	____	____	____

II. Classroom Instruction

Please indicate the effectiveness of the drug abuse instructional program in the areas listed below:

ACTIVITY	MUCH	SOME	LITTLE	NONE
Knowledge	____	____	____	____
Attitudes	____	____	____	____
Behavior	____	____	____	____

III. Parent Education

If any of the following parent activities have been conducted in your school and/or community, please indicate their degree of effectiveness in aiding your pupils:

ACTIVITY	MUCH	SOME	LITTLE	NONE
PTA Meetings	___	___	___	___
Grade Level Meetings	___	___	___	___
Small Group Conferences	___	___	___	___
Individual Conferences	___	___	___	___
Cooperative School-Community Programs (List Activity)				
____________________	___	___	___	___
Community Programs (List Activity)				
____________________	___	___	___	___
Other (List Activity)				
____________________	___	___	___	___

IV. Control

Please indicate the extent of the pupil drug abuse problem on your campus as evidenced by:

ACTIVITY	MUCH	SOME	LITTLE	NONE
Possession	___	___	___	___
Sale	___	___	___	___
Use	___	___	___	___

Please indicate the extent of the pupil drug abuse problem in the vicinity of the school as evidenced by:

PROBLEM	MUCH	SOME	LITTLE	NONE
Possession	___	___	___	___
Sale	___	___	___	___
Use	___	___	___	___

Please briefly describe any techniques or resources you have found to be especially helpful in meeting the problem of pupils on campus who are under the influence of narcotics or dangerous drugs.

V. Administrative Policies and Procedures

Please indicate the need in your school for District-wide guidelines that apply to pupils who are suspected of or involved in the following activities:

ACTIVITY	**MUCH**	**SOME**	**LITTLE**	**NONE**
Possession	____	____	____	____
Sale	____	____	____	____
Use	____	____	____	____

VI. Treatment and Rehabilitation

Are community resources adequate for the referral of pupils enrolled in your school who become involved in the use of narcotics or dangerous drugs.

____ YES   ____ NO

Please list resources used:

VII. Comments

Please comment briefly regarding:

A. Current or planned innovative programs:

B. Problems and needs:

C. Suggestions for improvement:

____
School

____
Principal

Secondary principals are requested to return the completed form to the administrative coordinators in the Area Offices. Adult school principals should mail the questionnaire to Mrs. McCandless, Room A-427, Administrative Offices.

Due Date: April 30, 1969

INTER-OFFICE CORRESPONDENCE

LOS ANGELES CITY SCHOOLS

Date

TO:

FROM: Leon L. Kaplan
Secondary Administrative Coordinator

SUBJECT: SURVEY OF DISTRICT-WIDE STAFF INVOLVEMENT IN NARCOTICS PROGRAMS, SERVICES, AND CONTROL

1. Please list and/or describe briefly your present responsibilities and activities in the field of narcotics as they relate to:

   a. Pupils:

   b. Teachers and other staff members:

   c. Parents:

   d. Public and private agencies:

Administrative Office

e. **Other community individuals or groups:**

2. **Please list and/or describe briefly any new programs or projects not included in No. 1 above that are planned for the 1969-70 school year:**

   a. **Pupils:**

   b. **Teachers and other staff members:**

   c. **Parents:**

   d. **Public and private agencies:**

   e. **Other community individuals or groups:**

3. Have you experienced the need for district-wide coordination of the narcotics program?
Yes__________ No__________
If yes, cite examples.

4. If district-wide coordination is indicated, how could this best be achieved? (Be specific, i.e. staffing, name of division, functions, etc.)

5. State any problems that relate to your participation in the narcotics education and control problem:

6. Please list suggestions for improving our narcotics program:

PLEASE RETURN TO: ADMINISTRATIVE OFFICES
ROOM A-429-I
(Extension A-2747)
BY APRIL 14, 1969

an instructional bulletin

drug abuse in the elementary school

LOS ANGELES CITY SCHOOLS
DIVISION OF INSTRUCTIONAL PLANNING AND SERVICES
INSTRUCTIONAL PLANNING BRANCH
PUBLICATION NO. EC-341
1970

REPRINTED BY KIWANIS - LOS ANGELES CITY UNIFIED SCHOOL DISTRICT DRUG ABUSE EDUCATION FOUNDATION

INTRODUCTION

Use of a wide variety of drugs, medicines, and household chemicals has become an accepted practice in modern society. When utilized properly, many of these substances are valuable aids in safeguarding health and in preventing and controlling disease. However, the indiscriminate use of these potentially dangerous substances has resulted in serious problems that have reached epidemic proportions. Incidents of drug abuse have been reported among all segments of society and even among 10- and 11-year-old children.

Because many of the commonly abused substances may be found in the family medicine cabinet and other places in and around the home, education concerning the safe and proper use of drugs and other potentially toxic materials should begin in the elementary school. This resource material has been developed to assist teachers in offering instruction on the subject of drug education. Its major purpose is to provide opportunities for pupils to develop wholesome attitudes and knowledge that will enable them to

- Make wise personal choices concerning the proper use of drugs and other toxic materials
- Abstain from any form of drug abuse

ACKNOWLEDGMENTS

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Stuart N. Bernstein, Wilmington Park School
Grace R. Busby, Ninety-Seventh Street School
William C. Edler, Wilbur Avenue School
Dean W. Eslinger, Wilmington Park School
Doris A. Van Aken, Riverside Drive School

Gratitude also is expressed to Harriett Randall, M.D., Director, Health Services Branch, Auxiliary Services Division, for her valuable comments and suggestions.

RUTH RICH
Supervisor, Health Education

NORMAN H. ROSSELL
Director, Elementary Curriculum

FRANK M. HODGSON
Assistant Superintendent
Instructional Planning Branch

APPROVED BY ASSOCIATE SUPERINTENDENTS:

ROBERT J. PURDY
Division of Elementary Education

MILDRED NASLUND
Division of Instructional Planning and Services

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Los Angeles Unified School District

SECTION I

SUGGESTED CONCEPTS AND ACTIVITIES, KINDERGARTEN AND GRADES 1-3

Topics and Concepts to be Developed

A. Food and Nonfood Substances

Every substance taken into the body by any means affects the body.

1. How do foods differ from nonfood substances?
2. How do foods and nonfood substances affect the body?
3. How many different substances be taken into the body?

B. Values of Nonfood Substances

Properly used, many drugs are of value to man.

1. What is a drug?
2. From what sources are drugs obtained?
3. Why must drugs and medicines be used with caution?
4. How can drugs and medicines be used safely?

A. FOOD AND NONFOOD SUBSTANCES

SECTION I

Concept: Every Substance Taken into the Body by Any Means Affects the Body.

1. How do foods differ from nonfood substances? Food substances provide the materials which the body needs to promote growth, to prepare for work and play, and to maintain health.	Arrange a display of examples of food and nonfood substances, including solids, liquids, and aerosols. Ask pupils to give examples of food and nonfood substances commonly found in and around the home. Assist pupils in identifying those which may be harmful, such as household cleaners, detergents, insecticides, volatile chemicals, and medicines.
2. How do food and nonfood substances affect the body?	Discuss the values of different foods from the four food groups in providing for the body's nutrition needs. Help pupils to understand that the body needs food to keep alive just as a machine needs fuel to run. Emphasize that some plants are classified as foods and may be eaten. Use illustrations to point out the many parts of plants that "we eat." Some examples are the root (potato, carrot), the leaf (lettuce, cabbage), the stem (celery), the seed (grains), the berry (strawberry). Emphasize that many plants are classified as nonfoods because they have been found to be harmful. Use illustrations to point out some of these. · Some plants make people ill or may even cause death. Examples are poison hemlock, sumac, castor bean plant, loco weed, oleander plant, pyracantha, and jimson weed.

A. FOOD AND NONFOOD SUBSTANCES (cont.)

Concept: Every Substance Taken into the Body by Any Means Affects the Body.

	• Some plants may cause people to have hay fever. (Symptoms include sneezing and releasing of discharges from the nose.) • Some plants, such as poison oak, may cause people to have a skin rash.
Some nonfood substances are drugs and medicines.	Explain that some plants have proven to be valuable sources of medicines and drugs.
3. How may different substances be taken into the body?	Ask pupils to suggest examples of substances that are taken into the body through the mouth, such as food, water, and medicines.
Substances may be taken into the body by ingestion (swallowing), breathing, injection, and absorption through the skin and mucous membranes.	Ask pupils to suggest examples of substances that are taken into the body by breathing (air, dust particles, pollen from plants, vaporous substances). "Why do you need to breathe fresh air?" Point out that "Oxygen is a gas that you breathe in with air and that every cell of your body needs oxygen to keep you alive." Emphasize that no person should ever inhale the fumes of a gaseous substance or aerosol. Explain that certain inhalants may have medical value when properly used. These substances should be taken, however, only upon the advice of a parent or medical adviser. Ask pupils to give examples of substances that are taken into the body through the skin (vaccine or "shot"). Use diagrams of human body to illustrate to pupils the various means by which different substances can enter and circulate throughout the body. • Substances taken through the mouth pass through the stomach and into the bloodstream.

Concept: Every Substance Taken into the Body by Any Means Affects the Body

	• Substances which are breathed in, or inhaled, pass through the lungs and into the bloodstream. • Substances injected or absorbed into the body may pass into the bloodstream.
All nonfood substances may be harmful and should be kept out of the reach of small children.	Develop procedures for the safe use and storage of potentially dangerous substances, including household cleansers and sprays as well as drugs and medicines. Discuss reasons why these substances should be kept out of the reach of small children. Discuss the meaning of the "skull and crossbones" symbol on the labels of many containers. Compile a list of symbols and words that appear on the labels of household products to indicate that the contents are poisonous. Discuss ways to dispose of old medicines. Develop an art lesson in which pupils prepare posters or similar materials regarding the safe use of household substances. Stress the dangers of accepting any food (including candy) or nonfood substance from strangers. Explain why it is important for pupils to report such incidents.

B. VALUES OF NONFOOD SUBSTANCES

Concept: Properly Used, Many Drugs are of Value to Man.

1. What is a drug?	List some common medicines or drugs which usually are found in the home (antiseptics, aspirin, ointments). Ask pupils to suggest examples of drugs that they have seen advertised on television broadcasts.
A drug is any substance (other than food) which may affect the way a person's body normally works, or the way he usually feels or acts.	Discuss the uses of common medicines or drugs. Ask pupils to tell stories that point out how a drug or medicine can be helpful.
A substance may be defined as a drug when it is used to diagnose, treat, or prevent illness, or to alter feeling and behavior.	Discuss special circumstances in which medicines and drugs are of value to man. Some examples are treatment or prevention of disease, relieving pain, and assisting with surgery.
2. From what sources are drugs obtained? Some drugs are made from materials which exist in nature. Manufacturers produce some drugs from various chemical substances.	Display illustrations which indicate both natural and synthetic sources of drugs. Point out that the first drugs known to man came from certain plants that were discovered to have properties which helped to relieve pain or to promote healing. Ask pupils to make up stories telling how they think drugs were probably first discovered by man. Ask pupils to prepare drawings of plants from which life-saving drugs are derived.
3. Why must medicines and drugs be used with caution? Drugs can be both helpful and harmful.	Discuss incidents in which a substance, an element, or an item may be both helpful and harmful. Examples include fire, water, candy, or an automobile.

B. VALUES OF NONFOOD SUBSTANCES (cont.)

Concept: Properly Used, Many Drugs are of Value to Man.

Emphasize that drugs and medicines have specific uses and that different drugs and medicines act on different parts of the body. Examples include:

- Some drugs are used to relieve pain.
- Some may be helpful in reducing a fever.
- Some can make the heart beat faster.
- Some can produce sleep.

Relate incidents in which drugs may be helpful or harmful. (Aspirin is the leading cause of poisoning among small children.) Cite examples of some drugs and their proper uses.

4. How can drugs and medicines be used safely?

Drugs and medicines should be used only as directed by a physician or as indicated on labels of containers.

Prepare and display facsimiles of oversized drug containers, labeled to show examples of both prescription and nonprescription drugs.

Point out that, for safety purposes, federal drug laws place drugs into two main groups:

Prescription Drugs--Those drugs which are considered unsafe for use except under the supervision of a medical doctor or dentist are called "prescription" drugs. Such drugs must be ordered or prescribed by a licensed medical doctor or dentist especially for the person whose name appears on the label of the container. The drugs must be prepared by a licensed pharmacist on the basis of the doctor's specifications.

B. VALUES OF NONFOOD SUBSTANCES (cont.)

Concept: Properly Used, Many Drugs are of Value to Man.

They cannot be purchased without a written order or "prescription" from a doctor. The label of every prescription drug contains the following information:

1. The name of the pharmacy that prepared the drug
2. The directions for taking the drug
3. The name of the person for whom the drug is intended
4. The name of the physician or dentist who wrote the prescription
5. The amount or dose to be taken. Drug dosages for infants and children are gauged by the age and weight of the patient.

Nonprescription Drugs--Those drugs which are considered safe for use by most adults if taken according to the directions that appear on the label of the container are called "nonprescription drugs. They may be purchased without a written order or prescription from a physician or dentist. For this reason, drugs of this type are also called "over-the-counter" drugs.

Discuss reasons why the information which appears on the label of a nonprescription drug differs from that which appears on the label of a prescription drug.

Ask children to prepare samples of labels for prescription and nonprescription drugs.

B. VALUES OF NONFOOD SUBSTANCES (cont.)

Concept: Properly Used, Many Drugs are of Value to Man.

Because all drugs and medicines can be dangerous, they should be taken only when prescribed by a physician or dentist, or when given by a parent or nurse.	Emphasize that all drugs, including the nonprescription type, can be dangerous and should be used only as directed and only when given by a parent, a physician, a dentist, or a nurse. Discuss why it is not a wise practice for a boy or girl to take a drug or medicine without a parent's giving it to him or her, or to accept any medicine, pill, cigarette, or any other unknown substance offered either by a friend or a stranger. What should a boy or girl do when somebody offers an unknown substance?
All medicines should be thrown away or destroyed when they are no longer needed.	Ask pupils to suggest reasons why all old medicines should be discarded when they are no longer needed. Point out that some drugs have a longer "shelf life" than others. This is one reason why old medicines should be discarded. Identify ways of discarding old medicines safely. (For example, flush them down the toilet.)
All medicines and drugs should be kept in a safe place and out of the reach of young brothers and sisters.	Develop a list of safety practices for storing drugs, especially to assure that they are kept away from small children. Invite the school nurse to talk about the safe use of drugs and medicines. Assign pupils to write slogans on drug safety.

B. VALUE OF NONFOOD SUBSTANCES (cont.)

Concept: Properly Used, Many Drugs are of Value to Man.

Arrange an art lesson in which children prepare posters for display.

Plan and conduct a "Drug Abuse Prevention Week."

Ask pupils to write and dramatize stories concerning the proper handling of medicines, drugs, and other dangerous substances which commonly are found in and around the home.

SECTION II

SUGGESTED CONCEPTS AND ACTIVITIES, GRADES 4-6

Topics and Concepts to be Developed

A. Effects of Experimentation with Drugs and Other Harmful Substances

Experimentation with drugs and other chemical substances may interfere with physical and mental health.

1. What is drug abuse?
2. What types of drugs are commonly abused?
3. What are stimulants?
4. What are depressants?
5. What are hallucinogens?
6. What are the volatile chemicals?
7. What are narcotics?
8. What other kinds of drug are misused?

B. Alternatives to Drug Abuse

1. Why do some people decide to misuse drugs?
2. What influences in our environment offer drugs as a solution to individual problems?
3. How can the drug abuse problem be controlled?

A. EFFECTS OF EXPERIMENTATION WITH DRUGS AND OTHER HARMFUL SUBSTANCES

Concept: Experimentation with Drugs and Other Harmful Substances May Interfere with Physical and Mental Health.

1. What is drug abuse? Drug abuse is the deliberate misuse of a drug or other substance by an individual in an attempt to escape reality or to change the way he normally feels or behaves.	Arrange a bulletin board display showing newspaper and magazine articles concerning drug abuse. Point out that the term "drug abuse" commonly refers to situations in which drugs are used improperly to escape reality, or to change the way a person normally feels or behaves. Usually, the drugs are illegally obtained. They may be sold at a high profit by persons known as "pushers."
2. What types of drugs are commonly abused? The most commonly abused drugs are the mind-altering drugs (those which alter behavior or feeling) and certain substances which contain volatile (gaseous) chemicals.	Reemphasize that drugs are powerful chemical substances that can alter the structure or function of the body and/or change moods and behavior. Different drugs act on different parts of the body and usually are classified on the basis of their function or action. For example, drugs which are used to fight infection are called antibiotics. Medicines and drugs which act primarily on the brain and nervous system are called "mind-altering" drugs and are divided into three major classes: stimulants, depressants, and hallucinogens. The most commonly abused drugs are the mind-altering drugs and certain substances which contain volatile chemicals. Assign pupils to do research concerning the history of different drugs. Ask pupils to describe examples of drug abuse which may lead to harm to the individual.

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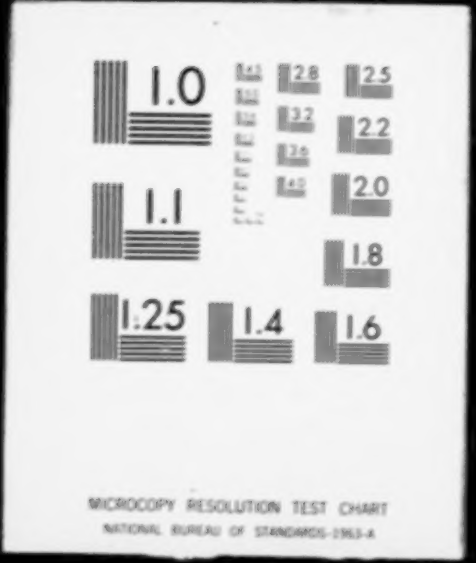
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MICROCOPY RESOLUTION TEST CHART
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A. EFFECTS OF EXPERIMENTATION WITH DRUGS AND OTHER HARMFUL SUBSTANCES (cont.)

Concept: Experimentation with Drugs and Other Harmful Substances May Interfere with Physical and Mental Health.

3. What are stimulants?

Substances which tend to excite the nervous system and to speed up the body processes are called stimulants.

Prepare a chart showing the major drugs that are abused. Include references to their sources, descriptions, medical uses, effects on the body, and dangers which may result from experimentation with them.

Point out that stimulants are substances which tend to excite the nervous system, to speed up the body processes, and to cause sleeplessness. The most commonly used stimulants are amphetamine (Benzedrine), dextroamphetamine (Dexedrine), and methamphetamine (Methedrine). Slang terms for these drugs include "uppers," "pep pills," "bennies," and "speed."

Medical Uses: The amphetamine-type drugs have been prescribed to combat fatigue and to reduce appetite in weight reduction programs. Stimulants now are mainly prescribed for a condition known as narcolepsy (a disease which causes overwhelming drowsiness).

Abuses: Amphetamine-type drugs have been abused by automobile drivers attempting to stay awake on long trips and by pupils trying to "cram" for examinations. Some young people and adults try them to obtain "kicks." These drugs are usually swallowed as pills but sometimes are taken in liquid form by injection into a vein.

Dangers: Although continued use of amphetamine-type drugs is not considered to produce physical dependence (withdrawal illness), the body does become used to (develops tolerance for) these drugs.

A. EFFECTS OF EXPERIMENTATION WITH DRUGS AND OTHER HARMFUL SUBSTANCES

Concept: Experimentation with Drugs and Other Harmful Substances May Interfere with Physical and Mental Health

Larger and larger amounts are then needed to produce the same effects. "Psychological dependence, therefore, does develop. For this reason, the practice of taking drugs of this type becomes a mental or emotional habit, or "crutch."

Because the stimulant-type drugs mask fatigue, they can cause a person to do things beyond his physical endurance. Large amounts can cause a person to become mentally ill for a time.

Injection of methamphetamine or other amphetamine derivatives ("speed") into the vein causes the heart to function at an abnormal rate and may also result in long-term personality disorders.

A. EFFECTS OF EXPERIMENTATION WITH DRUGS AND OTHER HARMFUL SUBSTANCES (cont.)

Concept: Experimentation with Drugs and Other Harmful Substances May Interfere with Physical and Mental Health.

4. What are depressants?

Substances which tend to relax the activity of the nervous system and to slow down or relax the body processes are called depressants.

Point out that the depressants which also are known as sedatives, are substances which tend to reduce the activity of the nervous system and to slow down the body processes. The most commonly used, depressant-type drugs are the barbiturates and the tranquilizers. Barbiturates range from the short-acting, fast-starting pentobarbital sodium (Nembutal) and secobarbital sodium (Seconal) to the long-acting, slow-starting phenobarbital (Luminal), amobarbital (Amytal), and butabarbital (Butisol). The short-acting preparations are most commonly abused. Slang terms for these include "barbs," "goof balls," "reds," "yellows," and "rainbows." The tranquilizers include meprobamate (Equanil, Miltown), and chlordiazepoxide (Librium), phenothiazine (Thorazine), and glutethimide (Doriden).

Medical Uses: The sedative or depressant-type drugs are prescribed by physicians for many types of illnesses and conditions, including the relaxing of patients before and after surgery, the diagnosis and treatment of mental illness, and inducing of sleep. In medically supervised doses, the drugs depress action of the nervous system, skeletal muscles, and heart to produce a therapeutic effect. In larger doses, they produce intoxication causing confusion, slurred speech, staggering, and inability to concentrate or work.

Abuses: Depressant-type drugs have been abused by adults as well as young people who are seeking a means of escape from the problems of daily

A. EFFECTS OF EXPERIMENTATION WITH DRUGS AND OTHER HARMFUL SUBSTANCES (cont.)

Concept: Experimentation with Drugs and Other Harmful Substances May Interfere with Physical and Mental Health.

living, or who are looking for "kicks." Some people take these drugs to relieve states of emotional stress. Others take them to counteract the abuse effects of stimulant-type drugs or chronic alcoholism. The combined effects produced by tranquilizing drugs and other depressants, including alcohol, may be extremely dangerous.

Dangers: Taking excessive quantities of barbiturates leads to tolerance, physical and psychological dependence, mental confusion, depression, nervousness, and other symptoms of abnormal behavior. Sudden or abrupt withdrawal of barbiturates from a person who is physically dependent results in withdrawal sickness. Symptoms include cramps, nausea, delirium, and convulsions. In some cases the user dies suddenly. Withdrawal requires hospitalization for a period of several weeks in which the user receives gradually reduced dosages. Several months are needed for the body to return to normal.

Barbiturates are considered to be highly dangerous when taken without medical advice. An overdose can cause death. They are considered an important cause of automobile accidents. Some people become confused about the number of pills they have taken and die of an accidental overdose. Barbiturates are the leading cause of accidental deaths in the United States and are considered to be one of the main reasons for suicides.

A. EFFECTS OF EXPERIMENTATION WITH DRUGS AND OTHER HARMFUL SUBSTANCES

Concept: Experimentation with Drugs and Other Harmful Substances May Interfere with Physical and Mental Health

5. What are the hallucinogens?

Behavior-altering substances which tend to excite the nervous system to produce visual hallucinations or illusions and to distort time and depth perception are called hallucinogens.

Point out that hallucinogens are behavior-altering substances which tend to excite the nervous system; to produce hallucinations (seeing things or hearing sounds that are not there), or illusions (seeing or imagining shapes in objects that are not there; and to distort time and depth perception. Drugs of this type include LSD (d-lysergic acid diethylamide), DMT (dimethyltryptamine), STP (dimenthoxy methylamphetamine), psilocybin, and mescaline. Marijuana also is classified as a hallucinogen.

LSD is a powerful, man-made chemical which was first developed in 1938 from ergot, a fungus that grows as a rust on rye and other cereals. A single ounce of this powerful drug can provide 300,000 average doses. DMT and STP are synthetic products. Mescaline comes from the peyote plant, and psilocybin is derived from a certain variety of mushroom. Slang names for LSD include "acid," "sugar," "Big D," "cubes," and "trips." Hallucinogens are usually swallowed.

Marijuana is a preparation which is made from the leaves and flowering tops of the female species of the hemp plant, Cannabis sativa. Typically, the marijuana is rolled into cigarettes and smoked. The resins which develop in the female species of this plant contain the principal active ingredient, which is called tetrahydrocannabinol. This substance acts primarily on the central nervous system; however, its exact effects are not completely known as yet. Slang names for marijuana include "reefers," "joints," "sticks," "hay," "grass," "pot," "weed," and "tea."

Medical Uses: No legitimate medical purpose has been found as yet for the hallucinogens. Studies involving the experimental use of LSD for the treatment of mental illness and alcoholism have not proven to be successful. Marijuana has no known medical use.

Abuses: The hallucinogenic drugs have been abused by young people who are looking for "new and exciting" experiences. Some young people try marijuana and, to a lesser extent, LSD in the belief that these drugs can increase their self awareness, heighten their senses, and help to make them more creative. However, research studies have indicated that this is not true. The effects vary from individual to individual. Moreover, the creative work of chronic users of LSD appeared to be poorer than before their experimentation with the drug. The range of mood, or feeling, produced by marijuana may vary from that of euphoria to depression. Some users may experience no change of feeling at all.

Dangers of Marijuana: Marijuana acts primarily on the central nervous system; however, its exact modes of action are not completely known as yet. The effects experienced through smoking usually are felt in a very few minutes and may last for as long as 12 hours. Physical reactions may include rapid heartbeat, lowering of the body temperature, and sometimes reddening of the eyes. Some users may become talkative, loud, unsteady, or drowsy, others may experience a mild euphoria. The sense of time and space frequently become distorted, and a minute may seem like an hour. Objects which are near may appear to be far away. Because marijuana may produce hallucinations when taken in large doses, this drug has been classified as a mild hallucinogen.

A. EFFECTS OF EXPERIMENTATION WITH DRUGS AND OTHER HARMFUL SUBSTANCES (cont.)

Concept: Experimentation with Drugs and Other Harmful Substances May Interfere with Physical and Mental Health.

Marijuana does not produce physical dependence, and the body probably does not develop tolerance to it. However, many scientists believe that continued use of the drug may produce psychological dependence in the sense that the user comes to depend upon the drug as a means of relieving anxiety or depression, of gaining social acceptance, or of escaping from painful experiences. Lethargy, neglect of personal appearance, and feelings of psychological conflict have been noted among chronic users of marijuana.

The inhaled smoke from a marijuana cigarette is irritating to the respiratory tract, and long continued exposure to the smoke may induce chronic respiratory disease. The ability to think clearly and to have good reflexes is adversely affected because the user may experience distortion of time and space perception, feelings of hilarity, impaired judgment and memory, and confusion. For this reason, driving an automobile while under the influence of marijuana is considered dangerous. Special risks for most users include breaking the laws that deal with marijuana. This can affect their lives both now and in the future. Also, drug involvement may interrupt the personality growth and development of the young person. The normal transition from adolescence to adulthood requires that young people develop the ability to adjust to life situations and acquire the attitudes and values which are necessary for responsible citizenship.

A. EFFECTS OF EXPERIMENTATION WITH DRUGS AND OTHER HARMFUL SUBSTANCES (cont.)

Concept: Experimentation with Drugs and Other Harmful Substances May Interfere with Physical and Mental Health.

Dangers of LSD: Scientists do not yet fully understand exactly how LSD works on the body. The average dose, consisting of a minute amount (200 to 400 micrograms), creates an impact on the user which lasts from 8 to 10 hours. LSD is believed to modify the levels of certain chemicals in the brain and to affect changes in the brain's electrical activity. Certain experiments with animals seem to indicate that the drug interferes with the normal processes which function to filter and screen out unselected sights and sounds. Thus, the brain of a person who has taken LSD becomes overloaded with sensory stimulation. Studies of chronic users of LSD suggest that these individuals continue to experience an overloading of sensory stimulation and that this may be partially responsible for their reported difficulty to think clearly and to concentrate. The drug is not physically addicting.

Some of the reactions reported by LSD users include experiencing sudden changes in physical senses and emotional feelings. For example, walls may appear to move; colors seem stronger; music may appear as a color; and colors may seem to have taste. Users report feelings at the same time of both happiness and sadness and of relaxation and tenseness. Arms may feel both heavy and light. Some report a loss of normal feeling between body and space. Some believe that they can fly or float. Effects from the drug cannot be controlled, and the same person may be affected differently at different times. Hence, the individual may have "good" or "bad" trips. Reports cited in a recent publication from the National Clearinghouse for Mental Health Information[1] summarize the following dangers

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[1] National Clearinghouse for Mental Health Information. Resource Book for Drug Abuse Education. Public Health Services Pub. No. 1964. Washington, D.C.: U.S. Government Printing Office, October, 1969.

A. **EFFECTS OF EXPERIMENTATION WITH DRUGS AND OTHER HARMFUL SUBSTANCES (cont.)**

Concept: Experimentation with Drugs and Other Harmful Substances May Interfere with Physical and Mental Health.

of using LSD:

1. Panic. Because the user cannot stop the effects he is experiencing while on LSD, he may become panicky and fear that he is losing his mind.

2. Paranoia. While on LSD, the user may become suspicious that someone is trying to harm him or to control his thinking.

3. Recurrence (flashback). Even days, weeks, or months later, an individual who has stopped using LSD may have a recurrence of a trip and may fear that he is going insane.

4. Accidental death. Because the LSD user may believe that he can fly or float, he may try to leap out of a high window or from other heights and fall to his death. He also may think that he can drive or walk in front of a moving car without being harmed. This behavior has also caused death.

6. What are the volatile chemicals?

Chemical agents that give off vapors or fumes are called volatile.

The inhalation or sniffing of the vapors of fumes of volatile substances for the purpose of intoxication is dangerous to a person's physical and mental health.

Point out that volatile chemicals are substances that give off vapors or gaseous fumes. Examples of common volatile substances are ether, gasoline, paint thinners, plastic cement, toluene, lighter fluid and aerosols.

Assign pupils to report on precautions taken by industry to protect persons who are working with organic solvents, such as ether, chloroform, toluene, paint thinner, or other volatile substances.

A. EFFECTS OF EXPERIMENTATION WITH DRUGS AND OTHER HARMFUL SUBSTANCES (cont.)

Concept: Experimentation with Drugs and Other Harmful Substances May Interfere with Physical and Mental Health.

Ask, "What precautions should pupils take when working with such substances?" Discuss the beneficial uses of common volatile chemicals. Ask pupils to give examples of common household, cosmetic, and drug products which are prepared and packaged as aerosols. Point out that certain medical inhalants may have value when properly used; however, these substances should be taken only upon the advice of a parent or medical adviser and only as directed. Various aerosols contain chemicals that are harmful. Care should be exercised even when using them properly. Warnings on labels should always be read before a person uses any of these substances.

Abuses: "Sniffing" and "gassing" are commonly used to describe the deliberate inhalation or "breathing in" of the vapors or fumes of a volatile chemical to induce intoxication. Young adolescents most frequently sniff glue and other gaseous substances. Many of these young people have had histories of delinquency, school truancy, and personality problems. It is one of the most common types of substance abuse among elementary school pupils.

Dangers of Volatile Chemicals: The toluene, benzene, tetrachloride, ethyl alcohol, ethyl acetate, and other highly volatile, organic solvents contained in most glues and plastic cements cause a temporary depression of the central nervous system. The effect is reported to be similar to that of alcohol intoxication. It produces a feeling of lightness and exhilaration called a "jag."

A. **EFFECTS OF EXPERIMENTATION WITH DRUGS AND OTHER HARMFUL SUBSTANCES (cont.)**

Concept: Experimentation with Drugs and Other Harmful Substances May Interfere with Physical and Mental Health.

The user first experiences a buzzing sensation and dizziness, which are followed by headaches and a feeling of intoxication. Larger doses produce an increased degree of intoxication, including slurred speech, unsteady gait, and "flash-outs." Prolonged inhalation may produce coma and even death.

The sniffing or inhalation of fumes from volatile chemicals can cause damage to vital organs, including the brain, the liver, and the kidneys. Interference with the blood-forming function of the bone marrow, mental deterioration, acute liver damage, and death can also occur.

7. What are the narcotic drugs?

This narcotic group consists of opium and opium derivatives, such as heroin, morphine, codeine, and paragoric; synthetic opiates, such as meperidine (demerol) and methadone (dolophine); and cocaine.

Point out that the term "narcotic drugs" generally refers to opium and the pain-relieving drugs made from opium, including heroin, morphine, paragoric, and codeine. Opium and its derivatives are made from the milk-like juice of the unripe seed pods of a particular species of the poppy, the papaver somniferum. This plant grows well in a hot, dry climate and is the only species of the poppy which produces opium. The California poppy plant, which bears a brilliant orange-yellow flower, is harmless. Several synthetic, "opiate-like" drugs, such as meperidine (Demerol) and methadone (Dolophine), also are classed as narcotics. Cocaine, which is made from coca leaves, and marijuana have been classified legally but not chemically as narcotic drugs.

A. EFFECTS OF EXPERIMENTATION WITH DRUGS AND OTHER HARMFUL SUBSTANCES (cont.)

Concept: Experimentation with Drugs and Other Harmful Substances May Interfere with Physical and Mental Health.

Ask a pupil to read aloud the dictionary definition of the word "narcotic." Point out that the opiate-like drugs tend to "narcotize," or depress, the activity of the central nervous system. General effects of drugs of this kind include:

--Reduction of pain and feeling
--Production of euphoria
--Constriction of pupils of the eyes
--Slowing of the pulse rate
--Decrease in blood pressure (in nonaddict only; disappears with tolerance)
--Depression of metabolism
--Development of addiction through repeated and uncontrolled use
--Development of withdrawal illness because of physical dependence when the drug is withheld

Assign pupils to report on the history of the development of opium, its medical uses, and its derivatives.

Clarify the following terms in relation to use of the opiates:

Addiction
Physical dependence
Psychological dependence
Tolerance
Withdrawal sickness

A. EFFECTS OF EXPERIMENTATION WITH DRUGS AND OTHER HARMFUL SUBSTANCES (cont.)

Concept: Experimentation with Drugs and Other Harmful Substances May Interfere with Physical and Mental Health

Medical Uses: With the exception of heroin, physicians have often used most of the opiate drugs, especially codeine and morphine to reduce pain and suffering. Heroin has been outlawed as a legitimate drug.

Abuses: Of the opiate drugs, hard-core addicts use heroin most frequently. Many heroin users report that they "graduated" to heroin after experimenting with other drugs. The user may first begin by sniffing the drug in powdered form, or by injecting it in liquid form just under the skin ("skin popping"). Before long, however, most users inject the drug directly into a vein ("mainline"). Because the body develops tolerance to the drug, an addict soon requires larger and larger doses to achieve the desired effect. An addict may have to spend as much as $100 per day to sustain his habit.

A white, powdery substance, heroin is usually purchased in capsule form. Most heroin has been "cut" with other substances, such as milk sugar, to the extent that each capsule usually contains only about 2 to 5 per cent of the drug.

A purchaser of illegal drugs has no assurance that what he buys actually contains what it is supposed to.

A. EFFECTS OF EXPERIMENTATION WITH DRUGS AND OTHER HARMFUL SUBSTANCES (cont.)

Concept: Experimentation with Drugs and Other Harmful Substances May Interfere with Physical and Mental Health

Dangers of Heroin: Repeated use of heroin over a very brief period will produce physical addiction to the drug. The user's personality deteriorates quickly, and he often commits crimes to support his habit. His physical and mental health also deteriorates. The User often suffers from malnutrition. He also is susceptible to infections, such as hepatitis caused by the use of contaminated materials and syringes. He usually has sores and puncture marks (tracks) on his arms from hypodermic needles. When he does not take the drug, the addict suffers severe withdrawal illness, including

--Excessive itching, sweating, vomiting, diarrhea, loss of appetite, and fever and rapid loss of weight
--Cramps in the legs, back, and abdomen and twitching of muscles
--Rapid pulse and respiration

An overdose may cause prolonged unconsciousness and death.

8. What other drugs are abused?

Self-medication with common household drugs and medicines can be a dangerous practice.

Ask pupils to give examples of drugs that may be purchased without a prescription at a drug store or supermarket but which are commonly abused. Examples include aspirin and other analgesic remedies, the antibiotics, the antihistamines, and the bromides. In what ways can these drugs be dangerous to a person's health?

Emphasize how dangerous it is for adults or young people to attempt to treat themselves. Ask the class to develop a list of safety practices concerning the use of common household drugs and medicines.

B. ALTERNATIVES TO DRUG ABUSE

Concept: The Decision to Abuse Drugs May Result from a Variety of Reasons.

1. Why do some people decide to misuse drugs? The decision to misuse drugs may result from a variety of causes.	Discuss the effects of drug abuse on the lives of famous people who became involved in this dangerous practice. Examples include Billy Holiday, female vocalist; F. Scott Fitzgerald, author; Bill Stern, sports commentator; Edgar Allen Poe, author; Bela Lugosi, movie star; Judy Garland, female vocalist and actress; Keeny Teran, professional boxer; Brian Epstein, manager of the "Beatles"; and Barney Ross, professional boxer. Read and discuss stories on the topics of loneliness, rejection, peer pressure, and "getting even" which appear in Section III. Assign pupil groups to act out a solution to each of the problems. Ask class members to suggest other solutions. Assign pupils to write original stories in which the main character is faced with a problem involving one of the courses considered previously.
2. What influences in our environment offer drugs as a "solution" to individual problems? Modern man lives in a drug-taking society in which drugs and other chemical agents are promoted as solutions to personal and environmental health problems rather than for prescribed medical reasons.	Ask the class to recall radio and television commercials and/or bring to class sample advertisements from magazines and newspapers which depict personal or social problems in which adults take drugs to allay pressures. Discuss other solutions to the problems portrayed. Assign pupils to write sample advertisements or commercials on specific kinds of drugs, using an appropriate therapeutic approach. Discuss the effectiveness of the techniques suggested by the pupils.

B. ALTERNATIVES TO DRUG ABUSE (cont.)

Concept: The Decision to Abuse Drugs May Result from a Variety of Reasons.

3. How can the drug abuse problem be controlled?

Alternatives to drug abuse behavior must be identified and used.

Efforts to prevent drug abuse must be undertaken by both the individual and the community.

Discuss the extent to which the drug addict may go to procure drugs, such as in the case of heroin users. Addicts often resort to crime in order to obtain the money that they need.

Appoint a pupil panel to discuss the effects of drug abuse on the community.

Assign pupils to write an imaginative story on how drug abuse could seriously affect an individual who has an important position in the community and how his behavior could be detrimental to the health and safety of others. For example, how could drug abuse by the following cause harm to other persons?

Mayor
Councilman
Policeman
Fireman
Teacher
Postman
Pilot

Ask the class to identify activities that are fun to do. What kinds of activities can young people do that provide excitement and yet safely challenge their courage and abilities?

Discuss the meaning of the term "courage." Ask for examples of situations which indicate courageous behavior. Describe several risk-taking situations. Ask the class to discuss which behavior takes more courage: "To protect your life and health, or to let your friends call you 'chicken'?"

Assign each pupil to write about some activity or hobby that he likes.

B. ALTERNATIVES TO DRUG ABUSE (cont.)

Concept: The Decision to Abuse Drugs May Result from a Variety of Reasons.

Assign class members to perform research relative to local, state, and federal laws on drugs and drug abuse.

Plan a school campaign on the prevention of drug abuse. Ask pupils to develop the details of the plan and to prepare posters for publicity purposes.

Develop a plan with appropriate school staff members for the presentation of programs or discussions (talk sessions) concerning drugs and drug abuse.

RESOURCE INFORMATION

A. Suggested List of Pupil and Teacher Resource Materials
    1. Suggested Pupil Materials
    2. Teacher Resource Materials

B. Stories for Pupils

C. Glossary of Slang Terms Used in Conjunction with Drug Abuse (Teacher Reference Only)

D. List of Narcotics and Dangerous Drugs

RESOURCE INFORMATION

A. Suggested List of Pupil and Teacher Resource Materials

1. Suggested Pupil Materials

Texts

"The Choice Is Yours." Norwalk, California: ABC Unified School District, 1968. (Supplementary Textbook List)

"Man, Pain, and Drugs." Stony Brook, New York: Scope, 1969. (Supplementary Textbook List)

Films and Filmstrips

"Drugs: Helpful and Harmful." (Sound Filmstrip) Wexler Film Productions.

"Your Amazing Mind." (Sound Filmstrip) Alfred Higgins Productions.

Other

Chart, flip, "Dangerous Drugs and Narcotics." Winston Products for Education (16 x 22 inches)

2. Teacher Resource Materials

Darkness on Your Doorstep. Los Angeles County Board of Supervisors, 1969.

Drug Abuse: A Source Book and Guide for Teachers. California State Department of Education, 1967.

Drugs of Abuse. Food and Drug Administration. Washington, D.C.: U.S. Government Printing Office, 1967. (0-312-959).

Drugs: Helpful and Harmful. An Instructional Bulletin. Division of Instructional Planning and Services, Pub. No. EC-287, Los Angeles City Schools.

A. Suggested List of Pupil and Teacher Resource Materials (cont.)

No Secret: A Compilation of Information on Narcotics and Dangerous Drugs. San Diego: Neyenesch Printers, 1967. (Distributed through California Council on Alcohol Problems)

LSD: Some Questions and Answers. Washington, D.C.: National Institute of Mental Health, 1968. (Distributed through County of Los Angeles Health Department, Public Health Education Division)

Marijuana: Some Questions and Answers. Washington, D.C.: National Institute of Mental Health, 1968. (Distributed through County of Los Angeles Health Department, Public Health Education Division)

Narcotics: Some Questions and Answers. Washington, D.C.: National Institute of Mental Health, 1968. (Distributed through County of Los Angeles Health Department, Public Health Education Division)

Portrait of a Glue Sniffer. San Jose, California: Juvenile Center, 1968. (Distributed through Health Education Office)

STORIES FOR PUPILS

B. Pupil Stories

1. Topic: Getting Even	"Naturally, I'm the Loser"
2. Topic: Getting Kicks	"Big Deal"
3. Topic: Loneliness	"Sally's Sad Story" "Richard"
4. Topic: Pushing Drugs	"Forty Cents Apiece"
5. Topic: Peer Pressure	"The Party"
6. Topic: Decision-Making	"It Doesn't Make Sense"

Topic: Getting Even

"NATURALLY, I'M THE LOSER"

Man, I'm sure getting tired of being pushed around. My old man hit me again last night for something my sister did, and mom just shook her head and said what a punk I was.

I get to school and right away the yard teacher gets mad because I knocked down some dumb first grader for kicking away our fistball. The next thing you know I'm in the vice-principal's office getting three swats, and the nine o'clock bell hasn't even rung.

Class wasn't much better. I forgot to do my homework, which I didn't understand anyway, so the teacher says I have to stay after school and make it up.

Jamie, who has been asking for it anyway, bumps my desk on purpose on his way to the pencil sharpener. The other kids got a big charge out of that so I couldn't very well let him get away with it. So, on his way back, I tripped him up good. Naturally, the teacher saw me do it and wouldn't listen to my side of the story. None of the others in class would stick up for me, either.

That afternoon, the principal calls me out of class to his office. He says my mom called and told him I stole one of her reds. Once I did take a red from mom's medicine cabinet. I got kind of drunk from it and sort of sick, so I haven't taken any since. Anyway, the principal couldn't prove anything, so he let me go back to class.

Naturally, when I get home, mom jumps me about her stupid red. I didn't take it, and I told her so but she didn't believe me--I knew she wouldn't.

Anyway, I can get all the reds I want free from Ronnie. He has a whole bag full of them. I wonder if one would still make me sick I'm a lot older now. Come to think of it, I felt pretty good until I got sick. If I'm going to get blamed for everything, I may as well take them.

What do you think?

Topic: Getting Kicks

BIG DEAL

I don't know what the big deal is about smoking grass. Practically every big kid in the neighborhood does it, even my older brothers and uncle. I haven't tried it, but I'm sure not afraid to. Besides, I've been smoking cigarettes since I was in the fourth grade, and nothing has happened. The teacher said that smoking cigarettes would do things like hurt my lungs and stunt my growth. Well, my lungs don't hurt, and I'm one of the biggest guys in school. She said I would never be a good athlete either if I smoked, but who said I wanted to be an athlete, anyway? Besides, most of the games we play at school are stupid.

We saw a film today that told about some guy that smoked pot and then started taking a lot of other stuff. I don't know about the other stuff, but none of the guys I know do anything but smoke marijuana. Nothing seems to happen to them. Why do people make such a big fuss about this?

What do you think?

Topic: Loneliness

SALLY'S SAD STORY

Do I have troubles! I don't have a mother or father. Well, I do and I don't have a mom and dad. My parents have just divorced, and the court and lawyers said that I am supposed to live with my grandmother.

Have you ever had to live in a different city and with a relative you don't even know? Everything seems so strange and unusual. It's hard to make friends in a new place.

Grandmother is nice, but she works all day and never has any time for me. When she does have time, she's too tired and she's not any fun. Grandmother is not like my mom and dad. I really miss them.

I'm glad it's summer vacation. It would be hard to start the fifth grade at a new school. Yet, summer's such a bore. There's nothing to do and no place to go. The worst part of it is I don't have any friends here. In fact, I don't even know anyone here. I get tired of watching grandma's T.V. all day long and all night, too.

Some older kids live on the next block. They hardly ever say anything to me. Sometimes they act sort of goofy, just as though they can't see where they're going. But they sound like they're having a good time because they laugh a lot.

Well, one day, as I came back from the store, those kids started being very friendly. They were friendly to me, so I decided to be friendly too. It was fun to talk with them and joke around. Some of the kids were taking pills. They said that the pills made them feel good. One of the girls said I could have some if I wanted. I didn't know what to say, so I said I'd see them tomorrow. Then I went home to grandmother's.

What should I do?

RICHARD

Richard does fairly well in school, not that he's a great brain or genius, but he hardly ever has to be "chewed-out" by the teacher. It's the same way at home, too. The only time he gets yelled at is when he forgets to do things they want him to do--like take out the trash or go to the store.

Richard does a lot of things by himself; not that he likes to do everything by himself, but it just always seems to work out that way. For example, the other day in school when the boys were choosing teams, he was picked last! To top it off, he was last in the batting order, too! That's why he wandered away and played by himself. The kids who live on Richard's street are hard to get along with, too. They always have to have contests and make a big deal over who can do something the best, instead of just doing things. That's why Richard likes to play by himself or watch T.V. when other kids are playing. Sometimes, Richard feels lonely, but he thinks its better that way.

One day, he heard some of the boys talking about Jerry's older brother who got "high" on glue. Mrs. Turner, their teacher, overheard the boys' conversation and gave a long talk to the class about how bad sniffing glue is for a person's health.

As Mrs. Turner was talking, Richard wondered, "How bad can glue sniffing be? I've seen Jerry's older brother. He looks all right, and Jerry says his brother sniffs glue all the time."

After school, Richard decided to stay on the playground and play with some other kids, mainly because his mother and Mrs. Turner had been talking to him lately about how he could be less lonely if he played with other kids more. Well, it was the same old story. Coach started a handball tournament. Richard liked handball, but Coach didn't let Richard in the tournament because there were too many kids that wanted to be in it. So, Richard, Mary Lou, Barbara, and three younger kids had to get in another tournament.

"Wow!" Richard thought to himself, "playing with girls and those three babies is just like not playing at all . . ." so he left the playground.

On his way home through the alley, he was feeling pretty miserable. Then he saw a paper bag on the ground that had something in it. When he got the bag open, Richard found a half-used tube of glue.

Richard thought to himself, "Jerry said his brother gets happy when he gets 'high' on glue, but Mrs. Turner says its bad for you. Nobody is ever interested in me, and I don't have any friends to tell on me. Maybe it would make me feel good . . . "

What would you tell Richard to do?

Topic: Pushing Drugs

FORTY CENTS APIECE

My brother really builds great model airplanes. It's been his hobby for as long as I can remember. He used just about every cent he earned from his paper route to buy model kits.

When he got married last year, he gave me most of the models and all of his model-building equipment.

Billy, the new kid next door, came over to the house last night for the first time, so I showed him the model collection. He liked the airplanes a lot, but what he really got excited about was the tubes of airplane glue. My brother used to buy everything in bunches so there are about twenty tubes of glue that haven't even been opened. Billy offered to buy a tube for forty cents, so I sold one to him.

Today, I found out that Billy likes to sniff stuff like gasoline and paint thinner. I also found out that he sniffed the airplane glue I sold him. I guess I don't care how he uses it, but one of the guys said it was against the law to sniff glue. I asked Billy, and he said it wasn't, so I don't know who to believe.

Anyway, Billy said he would buy all of the glue from me if I wanted to sell it. I'm not sure if I should sell it, but I could sure use the money.

I don't have a job, and I guess you could say we are kind of poor, especially compared to the other kids around here. Let's see, nineteen tubes of glue at forty cents apiece ...

What would you do?

Topic: Peer Pressure

THE PARTY

I'm lucky that I'm pretty. It makes everything so much easier. I have lots of friends, and the boys really like me. Getting along with others is easy, and I'm always meeting new people. Even grownups like me. The neighbors, my parents, friends, and all the teachers at school think I'm such a nice girl. Of course, it helps to be smart. I don't like to brag, but I hardly ever have to study. My grades have always been A's and B's, and I never cause any trouble.

I like to do things, to be with people, and to be part of a group. I always try to keep up with the crowd, to wear the latest clothes, and to do the latest things. This way, I know I'll be popular. Things are more fun when you can be this way.

Last weekend I was at a party. It was great because there were only kids. The grownups were next door. We could do almost anything we wanted. I was having the best time--eating, dancing, singing, talking, and jumping around with my friends.

There were several kids over in a corner. They seemed to be having a good time. They wanted me to join them. So, I did. They kept saying that I should get in on their fun. I finally found out they were taking LSD. Wow, I had heard about that! There were all kinds of stories about it--that it was good, that it was bad. But here were my friends taking LSD. They looked all right. Soon, most of the kids were taking the stuff, even my best friends. They kept telling me that they weren't sick or anything. My friends said I'd be just fine if I took some. My closest friends told me the different things they could see and hear. They said it was too bad that I couldn't see and hear those things. Soon just about everyone had taken some. All the kids said that I should, too.

"Why not? Why not?" they all began to chant. The music was getting louder and louder. It was too much! Finally I decided . . .

What would you do?

RESOURCE INFORMATION

Topic: Decision-Making

IT DOESN'T MAKE SENSE

Sometimes, it is sure hard to figure things out! It seems like grownups are always saying one thing and doing another. For instance, take Jimmy's dad. He's something else. He is always telling about how great he was in sports when he was our age and how lazy and soft us kids are now. Well, every time I've seen him, he's had a can of beer in one hand and a cigarette in the other. Usually, he is plopped on the couch watching T.V. Besides that, he has a big stomach, and he puffs like crazy when he moves more than two feet. It's hard to believe that he was such a great athlete when he was a kid.

I can't understand mom sometimes, either. For example, she really got bent out of shape when she thought I had been drinking beer. (That was the time Jimmy's old man spilled his beer on my pants leg.) She went on for days about my "sneaking around" and doing awful things. But then she turns around and makes a big joke out of her afternoon martinis. She always reminds me not to give away "our little secret" because dad worries too much about little things like that.

Other things don't make sense, either. Last night, I watched a T.V. news program about marijuana. It was one of those group discussion things like we have in class sometimes. There were doctors, lawyers, policemen, and teachers on the panel. Well, they talked for an hour and ended up not agreeing on whether marijuana was good or bad, or should be legal or illegal, or anything. If these grownups can't make up their minds, how am I supposed to?

About every adult I talk with makes it a point to tell how bad it is to take pills, or smoke or drink, but look at the commercials! Every time you see one, somebody is popping a tablet in his mouth, lighting up a cigarette, or pouring a beer to relax or take care of some problem.

I wonder if I will need to take all that junk when I grow up?

What do you think?

C. Glossary of Slang Terms Associated With Drug Abuse

Many slang terms are associated with the drug abuse problem. This Glossary is provided, however, for teacher reference only. It is not intended as part of the content of the course, nor should the expressions be taught as such.

ACAPULCO GOLD	Hashish, a powerful form of marijuana derived from the cannabis pollen
ACID HEAD	LSD user
BALLOON	Rubber toy balloon used for storing or delivering narcotics, usually capped heroin
BARBS	Barbiturates
BENNIES	Benzedrine
BINDLE	A small paper packet of heroin, morphine, or cocaine
BLACK	Opium
BLAST	To smoke a marijuana cigarette
BLOW	To smoke a marijuana cigarette
BLUE HEAVEN	Amytal
BLUES	Amytal (amobarbital sodium)
BOMBED	Intoxicated on drugs
BREAD	Money

BRICK	Kilo of marijuana in compressed brick form
BUMMER	A bad trip
BUTTON	Peyote button
CAN	1 ounce of marijuana. Term derived from tobacco can, in which marijuana was commonly sold in the past. Now, it is more frequently sold in small paper bags
CANDY	Barbiturates
CAP	A capsule of heroin, commonly number 5 capsule
CARRYING	In possession of a drug
CARTWHEEL	Amphetamine tablet (round, white, double scored)
CHIPPY	An occasional user of heroin
CHRISTMAS TREE	Tuinal
CLEAN	Removing stems and seeds from marijuana. Also, an addict who is free from narcotic injection marks, as in "I'm clean, man."
COCKTAIL	A regular cigarette, into one end of which a partially smoked marijuana cigarette is inserted so as not to waste any of the drug
COKE	Cocaine
COLD TURKEY	Trying to break the habit. "Kicking it cold turkey" is breaking the habit of drug use at home, in prison, etc., without the aid of any medication or medical care

CONNECT	To buy drugs
CONNECTION	A peddler who knows an addict and will sell him drugs
CO-PILOT	Amphetamine
CRYSTALS	Amphetamine powder for injection
CUBE	Sugar cube impregnated with LSD
CUT	To cut or adulterate a drug prescription
CRUTCH	Device used to hold marijuana cigarette when it has burned to the point where it will burn the fingers. Also, a container for a hypodermic needle
"D"	LSD
DEALER	A drug peddler
DECK	A small packet of morphine, cocaine, or heroin
DEXIES	Dexedrine
DOPE	Any narcotic
DOPER	Addict
FINE STUFF	Narcotics of unusually good quality, only slightly adulterated
FIX	See OUTFIT.
FIX, FIX-UP	A drug which is about to be injected, or has just been injected
FLASH	To throw up after "fixing," or the feeling an addict has just after "fixing"

FOOTBALLS	Amphetamine tablets (oval-shaped)
FRANTIC	Nervous, jittery drug user
FREAK	A person who injects amphetamines
FREAK OUT	To have a drug party. Also, to undergo intense, often disorganizing experiences, usually pleasurable; to become psychotic
FUZZ	The law
GASSED	Stoned, very high; very intoxicated
GOOFER	One who drops pills
GOOFED UP	Under the influence of barbiturates
GRAM	Gram of heroin (approximately 10 capsules)
GRASS	Marijuana in the raw state, such as leaves, stems
GRASSHOPPER	Marijuana user
GUN	See OUTFIT.
H.	Heroin
HABIT	Addiction to drugs
HEAD	LSD user
HEARTS	Dexedrine (orange colored, heart-shaped tablets)
HEAT	The law
HIGH	Under the effect of narcotics

HIT	One dose of a particular drug
HOOKED	Addicted: a confirmed addict
HORNING	Sniffing narcotics through nasal passages
HYPE	An addict
JOINT	A marijuana cigarette. Also State Prison
JOLT	An injection of narcotics
JOY POP	An occasional injection of narcotic. One who is "joy popping" only takes an injection.
JUNK	Heroin
KICKING	See COLD TURKEY.
KEE	Kilo
KILO	2.2 lbs.
LID	See CAN
LOADED	Under influence of narcotics
MAIN-LINE	Veins of body, usually arms; also intravenous injection
MAIN-LINER	One who injects narcotics directly into the veins, intravenously
MAN (THE)	Law; connection
MANICURE	Prepare marijuana for use in cigarettes

O.D.	Overdose of narcotics, usually heroin
OUTFIT	Equipment for injection by the hypodermic method; a "hype" outfit. Eyedropper and needle, spoon, safety pin, etc.
PANIC	A scarcity of drugs, usually caused by the arrest of a big peddler
PIECE	1 ounce of heroin
PIG	An addict who uses all he can get his hands on
PILL HEAD	Amphetamine or barbiturate user
PILL FREAK	See PILL HEAD.
PILLY	See PILL HEAD.
POP	A subcutaneous injection, usually referred to as "skin poppin'"
POT	Marijuana
POWDER	Amphetamine powder
PURE (THE)	Pure heroin, prior to adulteration. "This is the pure; you can cut in ten times, at least."
PUSHER	Drug peddler to users. One who seeks more business from regular customers
RAINBOW	Tuinal
RED DEVIL REDBIRD RED OR REDS	Seconal
REEFER	Marijuana cigarette

ROLL	A roll of tablets wrapped in tin foil
SCORING	Making a purchase of a narcotic
SHOOTING GALLERY	A place where an injection of narcotics can be used and/or bought
SHORT	Auto
SHOT	An injection of narcotics
SOURCE	Where narcotics are obtained, such as a pusher, dealer, supplies, connection
SMACK	Drugs, especially powdered drugs in the form of snuff
SNIFFING (SNORTING)	Using narcotics by sniffing through nasal passages, usually heroin or cocaine. This is taking it "rare" - not in solution.
SNOW	Cocaine
SNOWBIRD	Cocaine user
SPEEDBALL	A powerful shot of a drug, usually heroin and cocaine combined
SPIKE	A hypodermic needle
SPOON	A quantity of heroin, theoretically measured on a teaspoon (usually between 1 and 2 grams)
SQUARE	A person who does not know what's happening
STASH	Place where narcotics, or the "outfit," is hidden; also, place where a drug peddler will secrete various quantities of narcotics
STONED	Under the influence of drugs
STRAIGHT	Under the influence of narcotics

STRUNG OUT	Addicted (heavily)
STUFF	Heroin
TEA	Marijuana
TASTE	A small sample of a narcotic
TOKE UP	To light a marijuana cigarette
TRACKS	A series of puncture wounds in the veins, caused by continued narcotic injections
TURN ON	To use narcotics, or to introduce another person to the use of narcotics
USER	One who uses narcotics
WEED	Marijuana
WEED HEAD	Marijuana smoker
YELLOWS YELLOW JACKET	Nembutol

Drug	Source	Properties	Methods of Use	Effects
OPIUM	Opium poppy grown in Mexico, Asia, and Balkan countries	Sticky, brown substance. Heavy odor.	Usually smoked in opium pipe. May be eaten.	Deadens feeling, saps energy, causes drowsiness and/or stupor; strongly addictive; produces drug tolerance and withdrawal illness.
MORPHINE	Derivative of opium	White crystals. Sold in form of powder, pill, capsule, or package.	Swallowed, or more often injected under the skin or into vein.	Creates feeling of well being, relieves pain and induces sleep; is quickly addicting. Produces drug tolerance and withdrawal illness.
HEROIN	Derivative of morphine.	White powder resembling powdered sugar. Sold in capsules and other forms, as is morphine. No legitimate use. Possession and use illegal for anyone.	Sniffed, or injected under the skin or into vein.	Repeated use over a very brief period produces addiction which is almost impossible to cure.
Other morphine derivatives include DILAUDID, CODEINE, METOPON, DIHYDROCODEINONE (Percodan)	Similar to morphine	Similar to morphine.	Similar to morphine.	Produces addiction and withdrawal illness.

RESOURCE INFORMATION

Drug	Source	Properties	Methods of Use	Effects
COCAINE	Leaves of coca plant (no relation to cocoa). Native to Peru and Bolivia. Cultivated in Java and Ceylon.	Flaky, snowlike substance, resembling epsom salts or camphor. Sold in containers similar to those used for morphine or heroin.	Usually sniffed because mucous membrane is especially responsive to the drug. May be injected.	Kills pain, constricts tissues, dilates pupils of eyes, creates feeling of elevation; is quickly and strongly habit-forming; produces mental and physical deterioration.
MARIJUANA	Cannabis sativa plant. Readily grows as weed in temperate climates in United States and in many other countries.	Leaves, stems, and flowers dried into grass-like form; rolled into brown paper cigarettes, folded in at both ends. Strong odor of fresh-cut alfalfa hay.	Smoked in cigarettes.	Produce a mild euphoria. Distorts time and space perception. In large doses may produce hallucinations.
BARBITURATES	Manufactured synthetically as salts of barbituric acid. All names of these drugs end in al, such as pentobarbital, and barbital.	White powder sold in colored capsules, called such names as "barbs," "yellow jackets," and "red devils." Colors indicate kind of drug. When sold in pill form, may be called "goof balls."	Swallowed or injected.	Induce sleep and produce symptoms similar to those caused by intoxication. Create addiction and withdrawal illness. Users in a groggy state may take fatal overdose. Misuse of barbiturates with "pep-pills" (amphetamines) by addicts may cause serious mental illness or death.

Drug	Source	Properties	Methods of Use	Effects
AMPHETAMINES	Chemically made drugs known as amines, amphetamines or Benzedrine, D amphetamine of dexedrine, and ephedrine.	Capsules or tablets of various colors. Benzedrine tablets called "bennies" or "pep-up pills," are usually heart-shaped.	Swallowed or injected (methamphetamine)	Reduce desire to sleep, create false sense of pep and mental alertness; are habit-forming and produce tolerance through repeated use. Misuse may cause loss of mental powers, illness, or death.
MESCALINE	Dried tops of the cup-shaped small cactus (Lopophera williamsii), which grows in Mexico along the Rio Grande.	Button-shaped growth closely resembling mushrooms. After being plucked, the mescale buttons are dried in the sun.	Chewed and swallowed.	Induces optical and auditory hallucinations; causes nausea and vomiting; produces tolerance through administration.
LSD	Derived from ergot (a black fungus), which sometimes develops in place of seed in rye grains. d-lysergic acid diethylamide tartrate (LSD-25) $C_{20}H_{25}N_3$.	Liquid which is colorless, odorless, and tasteless.	Swallowed.	Produces optical and auditory hallucinations; causes psychological dependence; may produce chromosomal damage as well as chronic brain damage.
VOLATILE CHEMICALS	Manufactured chemicals such as glue and plastic cement, paint thinner, products to chill cocktail glasses, hair lacquers, and household cleansers.	Concentrated vapors of toxic solvents or propellants which contain little or no oxygen. Explosive and flammable, especially when the container is punctured.	Sniffed.	Induce intoxication and feeling of euphoria; cause psychological dependence; irritate membrane lining of the respiratory tract; may produce death by asphyxiation, cardiac arrest, or lung damage.

(Whereupon, at 2:20 p.m., the committee adjourned, to reconvene at 3:15 p.m., this same day.)

Afternoon Session

Chairman **Pepper**. The committee will come to order, please.

Mr. Counsel, will you call the first witness?

Mr. **Phillips**. Yes; Mr. Chairman.

The first two witnesses of the afternoon are Mr. Robert Bark, who is the president of the Board of Trustees, Anaheim Union High School District. With Mr. Bark, we have Judge Julius Libow, who is juvenile court referee.

I have asked both of you gentlemen to come forward because you have different points of view on a similar matter. Perhaps we can both benefit from hearing your views, Mr. Bark, and perhaps we can then hear Judge Libow's views. Both of you have views on how a juvenile defendant should be treated when he is found to be using narcotics or drugs in a high school setting.

STATEMENTS OF ROBERT BARK, PRESIDENT, BOARD OF TRUSTEES, ANAHEIM UNION HIGH SCHOOL DISTRICT, ANAHEIM, CALIF.; AND JUDGE JULIUS LIBOW, SENIOR REFEREE, JUVENILE DEPARTMENT, SUPERIOR COURT, LOS ANGELES, CALIF.

Mr. **Phillips**. Mr. Bark, would you please tell us what your views are on that subject.

Mr. **Bark**. Mr. Chairman, members of the committee, it is a pleasure to be here and be provided this opportunity to give testimony.

I feel that, though my point of view may be different from much of the testimony you have heard, that I think it should be given consideration. We do have a viable program going on in the Anaheim Union High School District, which is not federally funded, which is involving 27 junior and senior high schools—40,000 students—and is the recipient of much volunteer time from parents, teachers, and business people throughout the community.

I would like to comment on some of the initial statements made by the committee relative to the lack of effort being made by administrations in southern California to meet the crisis of drug abuse in schools. This is not absolutely true. There are many districts throughout southern California that are exerting tremendous effort in this problem.

Chairman **Pepper**. We are glad to hear that, Mr. Bark.

Mr. **Phillips**. We were referring to the Los Angeles County school systems.

Mr. **Bark**. The newspaper related southern California.

Mr. **Phillips**. That was not the case.

Mr. **Bark**. If I may, I would like to make some comments relating to the problem and then outline some of the effort we have done in the Anaheim School District to meet these needs.

First of all, within our district, we have embraced the statement that children under the influence of drugs are not amenable to either academic or vocational education. Therefore, the top priority must be placed in redirecting the student to nondrug use so that he again can become a functional working part of the educational system.

On the basis of that priority, we have expended much of our general fund money that should have been going to other places in the district. We are not here asking for funds. We have been able to gather up our funds from within the district and use our own resources to meet our crisis and we feel we are meeting it head on.

Mr. PHILLIPS. Mr. Bark, would you describe your community as being rather affluent or middle class to upper class?

Mr. BARK. No, sir. It is middle class. It ranges all the way from a bowery, all the way up to a middle-class section. We have no real affluent sections within our community.

First of all, districts must admit that a problem exists before any meaningful approach can be made. And this, I think, from the testimony I have heard since I have been here the last couple of days, is—many of the areas do not want to admit that they have a problem. If they can't admit they have a problem, they are not going to solve it.

Drug use has become recreational in scope. And it is participated in by students that are otherwise normally healthy. They don't have a social hangup. They have no other problems; they just use it for recreation. And I think when people start understanding that the recreational use of drugs is becoming more prevalent, they will understand the nature of the animal.

Drug use among students is systematic of boredom and unchallenging activity, both by their school and the community. There is not enough productive activity that can stir the imagination of these youth in these communities to keep them away from recreational use of drugs.

A breakdown of the family unit has progressed and has become disastrously bad. The family unit is no longer a family unit as we knew it 20–25 years ago. The fathers and mothers today do not operate or function in the same manner that possibly our parents or their parents operated. It is a different, new world, a changing society, and I think we have to meet those needs.

Drugs are readily available everywhere; however, the Federal Government has made quite a great inroad into curbing the excessive manufacturing of Seconals, barbiturates, and so forth. We must assume that if all of the legitimate medicinal needs are being met throughout the United States, and yet we have this abundance and flow of Seconal and other drugs in our communities, that the manufacturers are still excessively manufacturing these drugs.

There is an obvious lack of adequately trained teachers in the area of drugs and drug abuse. We have spent over 40 hours per teacher in our district and we are having an ongoing, inservice program to keep them current and up to date on the new trends in new drugs. There may be a drug on the market tomorrow that wasn't on the market yesterday.

These new concoctions and various drugs that are being used by children which are compounds and combinations of various drugs have to be understood. Teachers today are not only teachers but they are being expected by the community, by the Federal Government, by

State government, first to be policemen, and next to be judges and juries, and then to be therapists.

We do not have the traditional academic institution. Today we are more and more drifting into a correctional institution for public instruction areas.

We cannot indict the schools for the rise of drug abuse because the schools are only one segment of a community. This school should not be expected to accept the total responsibility for the growth and development of a child.

By the mere nature of teachers, they will accept the responsibilities of the communities thrust upon them and they have never complained, but I think they should not be indicted because we have a drug crisis within our schools. I think this is only reflective of our community and our community attitudes.

There are numerous storefront operations and unevaluated programs to help the drug offender and drug abuser. Many of these are good programs and have a sound basis, others are not. And I think all of these programs should be licensed and evaluated before they are subjected to the communities.

Law enforcement is hesitant to get involved in the school community. The teachers are reluctant to have them on campus. There seems to be barriers here and we have been successful in breaking these barriers down and I think it is happening all over southern California. I think that the more respect that can be built for law enforcement, the greater inroads we are going to make into this problem on campuses.

Yesterday, some of the testimony talked about students coming into the office stoned and no notification of law enforcement was made. The parents were notified; they came and picked the child up. It is not our belief that this is proper. Arrest does not mean the end. Arrest sometimes can mean the beginning of a true therapeutic program to help redirect that youth.

It can be used as a tool and as an indicator to help that child. As we know the juvenile laws today, an arrest isn't necessarily a scar that is going to be carried the rest of that child's life, but it may give that child an opportunity to get meaningful treatment and meaningful help, because he is identified.

How many cases have you heard here with children that have come up here and they talk about now they have seen the light, they are away from the drug program? But if you remember, on most of the testimony you have taken, all of these individuals only responded after they were under authority.

Now, these children that you have been listening to around the country are not children that just came off the street into a program. They are ones that have gone through a long series of arrests and finally were taken under custody or authority and given adequate treatment and now they are back and they want to go out and help the community and redirect these other youths.

But it really took the arrest, the authority, the restraint, the direction into a viable program, to give them change. And I think if you look back over your testimony throughout the country you will find that is when it took place. It didn't take place by coddling, by allowing a student to get caught 10, 15 times, before you finally called the police.

No. The police officers can be worked into a program. Police departments are not that punitive. We want to correct, or they want to correct, a problem in the street, on the pushers. And I think that every effort and any tool, and any technique that can be developed to go on campuses and arrest pushers, and off-campus pushers, must be materialized. There is no way we are going to solve the problem as long as the bathtub is spilling from the spigot and you are trying to empty it with a Dixie cup. You just can't do it.

You have to shut off that supply.

In our community, we started out with a program called "Need"—narcotic elimination through education development. This, basically, was a program to bring together the chiefs of police, the mayors, businessmen, parents, students, teachers, and the clergy. And, actually, what we did, we all got together and basically formed and defined our community problem.

We defined we had a problem and then we started thinking about what we were going to do about it. From that, we went into treat-teacher education. We put a course in junior high school—we only have junior and senior high schools. We have no elementary school in our school district—we put a program in the seventh grade called "Introduction to Junior High School," in which one full quarter is spent on drugs and drug abuse.

And it is not a scare program. It is an educational program showing the children what harm these drugs do to their body and how it will affect them later on. It is not a scare program. It is a realistic program. When a kid comes out of there, he knows about drugs.

You talked earlier today about drug abuse and drug use. That drug abuse is declining but drug use is continuing. Children today, in places where such programs are, are at least learning not to overdose because they are understanding the nature of the animal.

And I am not saying this is great, that they are still using drugs. But the mere fact they are learning more about the drug and are using drugs, they are not abusing like they were in the past.

Beyond that, we went to parent education. We opened up our adult education system and we had two courses running. All of the parents were notified it was available to them if they wished to participate, at no cost. We then had coffees in neighborhoods. Any parent that wanted to call up would call up and we had an administrator or counselor go out and go into the community and sit down with five or six people in the house and drink coffee and talk about the drug problem in that community.

This was free. We didn't pay a stipend. The teachers volunteered. The counselors volunteered. The administration volunteered.

Beyond that, we established the MEA program, which is a Modified Expulsion Approach. Three years ago we expelled an average of 384 students a semester from our schools for drug use. And to expel this number of students is admitting failure. Today we have 22 expulsions and we attribute it to the MEA program. MEA is where we take an individual who has been arrested or has been detected as a drug user and in the past we used to expel.

Now, what we do is we have an evaluation at a school campus, they have a committee on each one of our campuses, the teachers and staff, and they evaluate the child and then they make a recommendation to the board of education that either this child be expelled or continued in the educational program under MEA.

If they accept the child under MEA, it means he has quite a few obligations to meet. First of all, he must go out an get himself a sponsor and the sponsor must be a member of the staff of the high school district. It could be the janitor up to the superintendent of schools. It doesn't matter. It is somebody he can relate to, somebody he can talk to.

After he gets his sponsor, he is assigned a counselor. Then he has seven conditions to live within.

First of all, he cannot associate with those kids known to be using drugs. Second, he must affiliate with a school activity or club or organization. Third, he must maintain adequate grades, and, fourth, he must make a monthly report to his sponsor, who in turn will report it to the counselor.

On every one of our campuses, we have four full-time counselors. They are not only working drug and drug abuse problems, they are working academic counseling as well. There are many teachers that have volunteered for counseling services to work with drug-involved youth.

Drug use and abuse in a community is a school problem, it is a community problem, and it takes a community effort. And as much as I hate to say so, money is not always the answer. I think involvement and people who want to solve the problem is a lot better answer than just pumping a lot of money into something.

Thank you.

Chairman Pepper. Thank you, Mr. Bark.

Mr. Phillips. Judge Libow, I think before you go into your general comments, will you comment about Mr. Bark's suggestions about using the criminal remedy of arrest in relation to youngsters. I think you have a different point of view.

Judge Libow. I would like to develop this in my presentation.

Let me explain. I have been sitting for the last 11 years in juvenile court on a full-time basis. When the drug incidence skyrocketed, we had 30–40 percent of all cases involving drugs. We had trials in all of these cases, and before we could get into the drug problem, we had all legal motions, including search and seizure; we had to decide if the five youngsters in the automobile containing drugs were all guilty and if we made a determination that the petition should be sustained, the only thing we were able to do with beginning drug users was return them home on probation, hoping that a traditional probation program would be effective.

At that time, the probation department was not geared to that special kind of case and they got lost in the caseload.

Where cases were dismissed it was not because they didn't have a drug problem—in many cases they did—but because the evidence was insufficient.

We also had to determine if a youngster was under the influence, was he under the influence to a certain degree which would enable us to take jurisdiction. Unless he was, we had to dismiss the case, and there was no assistance for his problem.

In 1967, we had a juvenile court seminar in the local area and during that time we informally discussed with probation and with the Los

Angeles Police Department some alternatives that would make it more meaningful for the youngsters. At that time, the Los Angeles Police Department indicated a willingness to cooperate in any reasonable alternative program.

But they stated that if we make certain referrals before court, it must be to a responsible group, not just to anybody. Thereafter, the presiding judge at juvenile court, Judge McCourtney, who is now the presiding judge, superior court-elect, called a meeting of probation, LAPD, sheriff's department and community services and we hoped out of this meeting we would have some alternatives developed which would involve precourt programs.

Well, unfortunately, everybody waited for somebody else to do something and nothing did develop.

Thereafter, I was encouraged to see what we could develop and I followed this up by getting in touch with the Burbank Drug Abuse Council, which was then sponsoring some community organization to educate on drugs. I proposed a concept which we called DART, which is "Drug Abuse Rehabilitation Treatment," which is just an acronym. The Burbank Police Department strongly endorsed this proposal; the superintendent of schools in Burbank endorsed it; the council endorsed it; and subsequently, we developed a program with social workers, doctors, police, and ex-users that met in a hospital setting.

The police screened drug offender cases and instead of referring all to probation, referred some to this DART program for family-oriented counseling.

Now, the program was extremely successful and it was in effect until this summer when it died away because we were not getting enough referrals. And I think the other jurisdictions had the same thing, fewer referrals.

Thereafter, we still continued our conversations with the Los Angeles Police Department, which wanted a program that they could refer to, and I had numerous discussions with people from the board of supervisors' office, from the chief administrative office and the department of health, and so forth, and they encouraged us to develop something.

So we then approached the director of the East Valley Mental Health Office, Dr. Brownfield, and he stated he would do all he could to develop a program. The development of the program was turned over to Miss Barbara Kless, who was a psychiatric social worker, and with the cooperation of the LAPD, they developed, approximately in 1970, a program involving direct referral from the police department, without probation involved, which now includes a minimum of four sessions, but which is open ended including parents, which is group oriented, does not focus on drugs, but talk about people and their needs and why certain things happen, like taking drugs to fill unmet needs.

For the people who wish to continue after the four sessions, it is ongoing. They can continue for a year, and if the parent doesn't wish to continue, the minor can continue alone and vice versa.

This is the one program the Los Angeles Police Department has publicly endorsed, and I have a letter from Captain Downing, who will be a witness later, and he states—

> We feel very strongly this program is one of the best in the country for offenders in the experimental stages of drug abuse and have made every effort to have it expanded to other areas of the city, without success.

And the Los Angeles Police Department also indicated that.

Mr. PHILLIPS. Without success? What was the cause of that? Why weren't they successful in expanding it?

Judge LIBOW. Because the powers that be in the county bureaucracy did not feel, for reasons of their own, that it should have priority. It got lost, and there is no legitimate reason why it should have.

Again, the police department indicated that in cases that were previously referred to probation, and which were handled without coming to court, that they would recommend referral to this program.

The matter was also reviewed by Mayor Yorty, who was here earlier, and Mayor Yorty sent a letter to Governor Reagan strongly recommending this program and asking that this be expanded on a statewide basis. Unfortunately, it wasn't even expanded on a county basis.

Mr. PHILLIPS. What was the date of that letter?

Judge LIBOW. The letter is dated June 1972.

Now, for the committee's information, I have made duplicate copies of everything I have before me. I will be pleased to submit them to the committee and they may make any use of them as they please.

Mr. PHILLIPS. Overall, is it your view, Judge Libow, that arresting youngsters is undesirable and there should be other techniques for handling them?

Judge LIBOW. Yes. Let me go into this now.

It has been my observations that—and the committee is well aware of this because you held hearings in six different cities—that school teachers, talking about teachers, not administrators per se, are reluctant to report youngsters who are under the influence. And as a consequence, many youngsters are not turned over and the problem is just continued. And part of the reason, in my opinion, the most important reason is they do not feel that the process of arrest and court and records for beginning offenders is advantageous.

Being a pragmatist, I would say, if this is so, I believe that more teachers would refer their students for assistance if they knew this could be handled in another way. And the results would be more help instead of less help.

Therefore, talking about beginning drug offenders, after proper screening and with the use of proper discretion, I would hope that the school people would be freer to refer this classification directly to groups like the mental health.

Mr. PHILLIPS. Mr. Bark, would you comment on that proposition?

Mr. BARK. Yes. This is not unlike we operate in Anaheim. The thing that we have been able to do is we have six feeder cities, the city of Anaheim, Cypress, Los Alamitos, LaPoma, and we go to the feeder cities and work with the police department.

When I talk arrest, I don't feel that we should circumvent the laws. We have educational codes about being under the influence of drugs on campus, we have laws about being under the influence. I think that the day we break down and the day that we allow teachers to make these judgments, to play judge, to play jury, I think we are in trouble.

We have worked this out with the police departments where we will refer these over. This doesn't necessarily mean an arrest. They may drive the child down to the police station and call the parent and they will pick him up at the police department. They will make the determination. I don't feel the teacher should be making this determination.

I feel this is a law enforcement situation, where law enforcement should have control. They may have information on this individual where he has been a pusher on numerous occasions in the past, but have never got to him. This might give them the opportunity to work with him and start the meaningful type of program that is going to redirect him to a non-drug-use program.

If you let it go undetected time after time, which happens in schools, you are perpetuating the problem.

Mr. PHILLIPS. Thank you. I think both of you expressed wonderful opinions. Both of you expressed very, very forcibly and intelligently the position that you hold and the reasons you both hold them. I think we are going to have to puzzle over which is the right course. Perhaps a middle ground will be the best course.

I have no more questions, Mr. Chairman.

Chairman PEPPER. Mr. Waldie?

Mr. WALDIE. No questions.

Chairman PEPPER. Mr. Wiggins?

Mr. WIGGINS. No questions.

Chairman PEPPER. Mr. Winn?

Mr. WINN. Thank you, Mr. Chairman.

I find the testimony of both of you gentlemen very interesting. Although, unless I am misinterpreting it, I don't really feel that there is a great difference in your approaches; I think there is a lot of similarity.

Mrs. O'Flynn yesterday—and I believe you were here, Mr. Bark—testified that she, through her job as a school nurse, got the confidence of a lot of these people. This is possibly the case, because she seems to be a very understanding woman, where they knew that she was not going to report them to school administrators and the law. They would come back time and time and time again, and consult with her and talk to her on an informal rap-session basis.

I gather she was doing some of this on schooltime and even she said, in some cases, they came back after school—time she was probably not paid for.

I just wonder, Mr. Bark, if destroying that confidence by going to the law—I am just asking a question, I don't have an opinion on it—might cause serious damage to that type of a student who is looking for someone to talk to?

Mr. BARK. I would say it should not damage the student. Many times these students will go to people. They want help.

Mr. WINN. Yes.

Mr. BARK. The manner in which that help comes about, I think that we are going to have to be consistent. One student could come to this nurse in this condition, stoned, as she said yesterday, and let them lay down for awhile and then call the parents. How many times do you allow this to take place? I mean, how many times do you allow it to take place before you say, "Gee, I have to do something about it"?

I mean, where is the criteria? Where do you draw the line?

Mr. WINN. She said she made parental contact.

Mr. BARK. All right. Are we assuming that we are going to place this responsibility of being judge and jury, then, on this nurse? I mean, this is an actual violation of California law.

Mr. **Winn**. I think they did in this case. Still, at the same time, I do feel that by her description she was being helpful to a certain percentage of the students who wanted to talk to her, and she got their confidence. Maybe she was being the judge and the jury and the law enforcement officer in this case; I don't know. I would gather in some cases they were telling her that they had stolen or were pushing.

She said they had every problem in the world. I am sure they probably did.

I think it is an interesting concept, but I think that we don't have nearly enough Mrs. O'Flynn's around in any of the school districts to spend that much time to consult with the people. As we heard testimony yesterday and today, there aren't very many schools that have full-time counselors of that type.

Judge, do you have any opinion on her type of operation?

Judge **Libow**. Yes. Of course, I don't believe a teacher, or the nurse, should use the discretion. I believe that it should be handled by reporting to a proper person within the school and the person might be designated as a nurse. And that nurse, or the person, or the vice principal, would use the discretion how to handle the matter, which could involve calling in law enforcement, which could involve telephoning law enforcement and saying, "What do you know about this youngster?" Which could involve calling our central juvenile index, which is a central clearinghouse, and in may cases which would involve a meaningful followthrough, not just sending the child home to the mother.

I don't believe in that. I believe the matter should definitely be referred to somebody. It could be one of the guidance counselors in the school who would make certain there was a proper referral and any suspension would be contingent upon the minor and the parent following the referral through this program, or another program.

Mr. **Winn**. As I understood it, I think she became the guidance counselor for the school in her position by the normal process: Somebody comes to class, and they are sick or stoned, and they are sent or go down to the nurse's office. And all of a sudden—she not only treats them as a nurse—they begin to confide in her, and they come back after hours and talk to her. I think she was being of service, more than just the usual nurse who may treat them or let them sleep it off, or have their parents come get them.

I understood she always made a parental contact, which I am sure was not what the students would prefer. Well, some probably wanted the contact with their parents, some probably didn't.

But I think she sits in between your two places, of your opinions, your philosophies. But I don't really know whether she is right or wrong, because I am sure that some told her things in confidence which she honored, that she should have made them go or have taken them to law enforcement.

Mr. **Bark**. Could I make one comment here?

Mr. **Winn**. Surely.

Mr. **Bark**. Basically, the thing I am trying to get across is the fact that under our present laws—now, I guess there is room for selective enforcement, but it puts teachers and nurses and people in the school business in a precarious position.

Mr. **Winn**. Yes. Some want it and some don't.

Mr. Bark. If you want this type of program, let's get enabling type of legislation to allow it legally. Let's set up a procedure for using it, but let's not make teachers and nurses violate the laws. Let's not make our schools sanctuaries for drug users. This is still part of our community. It is not a separate part. And what we are doing is treating the problem differently on campus.

If this kid was stoned on the parking lot, on the street, he is not going to get that type of treatment.

Now, are we going to treat the problem differently in the school than on the street or are we going to be consistent?

Mr. Winn. I agree with you on the consistency. I don't know what the answer to it is, but I agree with you on the consistency. We found great consistency, which is greatly understandable, among the school administrators and teachers themselves.

Mrs. O'Flynn was an unusual case. We haven't heard anything like that in any of these hearings.

Mr. Waldie. Can I interrupt you a moment?

Mr. Winn. Yes.

Mr. Waldie. It seems to me the analogy you used between the school and parking lot is not particularly correct. As I understand the teachers, they are in loco parentis, in terms of legal relationship, and the analogy between how you would treat that stoned youngster in his family setting as compared to how you treat him in the school may be more analogous; and if you had your own youngster that came home stoned, you would not call the police, I presume.

Mr. Bark. You would be surprised how many parents do.

They need help, and that is the beginning of help. The arrest is not the end. This is what I am trying to convince people. That might be the beginning to a meaningful rehabilitation program.

Mr. Waldie. But is the law that says it is illegal to be under the influence of drugs, is that designed to get help or designed to punish?

Mr. Bark. I don't know. That is a good question.

Mr. Waldie. The only thing I am saying is it would seem to me it is not really a law enforcement problem so much in the school for that youngster as it is a health problem, and I would think a referral to some other institution rather than the police department would be healthier for the youngster. The police department, it seems to me, does not have the facility to really give the aid to that youngster that the youngster needs.

I would suspect the police department is not very anxious to have the problems of the stoned youngsters referred to them. It seems to me to be less of an enforcement problem than a treatment problem.

Mr. Bark. I agree, sir. But like I am saying, since the law does exist, let's not be hypocrits. Lets change the law.

Judge Libow. Mr. Waldie, I am glad you brought up loco parentis. I am certain, relatively certain, there is no such law which requires or which mandates the school to notify law enforcement in this type of case.

Now, if I am incorrect, I will be corrected later, but we did research this before and I found no such law.

Mr. Bark. If a misdemeanor is committed in your presence, it is your duty as a citizen, I am sorry.

Mr. **Wiggins**. I don't think there is any question about the law. There is no legal duty on the part of the citizen to report the offense, but I would think you would regard it as an act of good citizenship if he did so. We ought to hold our own institutions of government up to a fairly high standard of good citizenship, I would suspect.

Judge **Libow**. This is why I indicated the teacher should refer to a central person in the school and as long as the central person in the school is able to use "intelligent" discretion—and I use the word "intelligent" with quotes—I think the spirit of the law is complied with.

Mr. **Wiggins**. Basically, Judge, I think you are making a very valid comment, that the present system of criminal justice is not ideally suited to deal with the young drug offender, and yet society has designated certain acts to be crimes, and it is the only system we have at the moment to deal with crime. So we are stuck on the horns of a dilemma, in a sense.

Judge **Libow**. Mr. Wiggins, I don't see the dilemma, because the school properly uses the discretion all of the time in terms of minor thefts. I mean, minor thefts. This is a penal code violation. They do not call the police every time. In terms of fighting, minor type of fighting, they do not call the police every time. They do use discretion.

Mr. **Wiggins**. There is no question about that. It is clear that in the Los Angeles City School District, there is flexibility in their policy guidelines as to when law enforcement officials should be called in. And I suspect that is probably true in the school district service in Anaheim, too. If it is absolutely rigid inflexible policy that any time the suspicion exists that the student is under the influence, that the police officer is thereupon called instantly—if that is the policy—I am sure it will be honored by its breach.

Mr. **Bark**. That is the policy and basically the vice principal is usually assigned as that individual responsible and, in his opinion, if a child is under the influence——

Mr. **Wiggins**. In any degree.

Mr. **Bark**. No, they have to be incapacitated, so as to speak.

You see, there are many other things that take place in using this discretion—I am talking about teachers, and so forth—using discretion to make judgments. The child may not be stoned at all. He may be having an epileptic fit, or there may be other things involved. But I don't think it is proper to take these responsibilities on them or request the teachers to take the responsibility on themselves.

Chairman **Pepper**. If I may just make some observations. It may be a matter of degree. I think a good many of us feel, Mr. Bark, that you certainly should not, the first time a youngster gets stoned, have him arrested, because to carry your thesis out, the police should not be given the authority to determine whether or not he is going to be turned loose. If the police arrest anybody and find evidence of committing an offense, it is their job—he doesn't punish, he doesn't go out and paddle anybody—to put those people in the machinery of the administration of justice and that involves some sort of a consideration and action by a judicial tribunal of some sort.

So if you are going to propose to substitute the discretion of the policeman, unless you deny him the right to turn the child loose—and we have had good instances brought to our attention in various cities where the police themselves have set up programs where they use their own discretion about it.

But I don't know that it is better to give the policeman the discretion as to whether the law is going to be enforced or not, as distinguished from giving it to the teacher or the school official.

I think the objective here is to let that be the last resort. If a youngster is proved intractable, unresponsive to all of the efforts that are made at the school and by the school people and by his family, there may be no recourse except to put him in the machinery of the law to see if he can't be taught there is something to which he will have to give recognition.

But the point of it is, if you think the way to handle the problem is to arrest all of them, then if you are going to carry out the law logically, you have to try them automatically and I guess there will be a record made of that, if you try them, although sometimes the law does permit for the record not to be made permanent. What is the court going to do with them? When the judge finds him stoned, what is he going to do with him? Is he going to have him locked up a certain length of time as a punishment?

Then you get into what the law provides as to what the punishment should be. But the objective that all of us are looking for is to try to save that youngster from himself and to save him for society. And it is a matter of judgment, and perhaps discretion, as to what is the most appropriate thing to do at the appropriate time.

You may be perfectly right, as a last resort you have to do that, but whether you should do that as a first resort perhaps is a more serious question.

Mr. WINN. Mr. Chairman, can I have the floor back?

Chairman PEPPER. Yes.

Mr. WINN. Since I am the only nonlawyer on the panel today, from the committee's standpoint, I think it is pretty obvious we have a gray area that needs a lot of further exploration and possibly some legislation.

Mr. BARK. I would like to compliment you and the Anaheim system for that 40 hours of training—did I understand you right, all of your teachers have had 40 hours of training?

Mr. BARK. That is, those that don't, will. Most of them have all had it.

Mr. WINN. All right. How is this funded?

Mr. BARK. Right out of our general funds.

Mr. WINN. Right out of your general funds. So you don't have to ask for large amounts of additional money to get your teachers trained?

Mr. BARK. No. We have substituted. We have taken from other portions of the program, the educational program, because we felt, as I said in my opening statement, that the child under the influence of drugs is not amenable to an educational program. So you have to get him into a non-drug-use position before he is amenable. So that is top priority.

Get him into a position where you can teach him.

Mr. WINN. You are talking junior and senior high?

Mr. BARK. That is correct.

Mr. WINN. In your opinion—and you seem to be pretty knowledgeable on this subject—where would you start a drug education class?

Mr. BARK. First grade.

Mr. WINN. First grade?

Mr. BARK. First grade. I think that the only solution to combating this problem is to start very young, with a persuasive, not a scare program, but an intelligent program of well-planned, well-thought-out——

Mr. WINN. By trained teachers?

Mr. BARK. By well-trained teachers. In fact, I think there shouldn't be an accredited teacher in the State of California, or any State, unless they do have drug and drug abuse as part of their credentials.

Mr. WINN. As I left for lunch a lady who is a former teacher said that they had stringent requirements before they were graduated and licensed to teach in California, and she thought the drug education requirement could be fulfilled at that time before they are ever licensed.

I agree with this philosophy you are talking about on their part, more than saying that we have to bring a psychiatric-type counselor in and make him the one individual in every school that takes this whole program off the teachers. At the same time, I understand the teachers' reticence, because of laws, in dealing and being law enforcement agents themselves. They say they are to instruct and teach the children, and not be the policemen of the community.

Thank you very much. I have enjoyed it.

Mr. WIGGINS. I would just like to ask the judge a question on an unrelated matter, but one that hit my legislative interest.

You mentioned that the indexes maintained by the juvenile court are available for checking by someone in connection with a prior drug history?

Judge LIBOW. We have what is called a central juvenile index, which is now operated by the sheriff's department, which is completely closed and confidential except to those member agencies, and which records are destroyed completely at age 18.

Mr. WIGGINS. Who are the member agencies?

Judge LIBOW. The schools, the probation department. It would be the police agencies, primarily. When a police agency takes a minor into custody he reports that to the central juvenile index that makes some type of record. If he is picked up in another jurisdiction in this county and they wish to determine whether to file or make some other disposition, they will know if he has ever been picked up elsewhere in the county.

Mr. WIGGINS. If, by some legislative act, the schools were excluded from that list of member agencies, would it be detrimental to the good work you are performing?

Judge LIBOW. Well, yes. I believe the school should have access to this so they can exercise proper discretion.

Mr. WIGGINS. Is there any other nonpolice or non-law-enforcement agency, other than schools, that has access to this index?

Judge LIBOW. I am not certain, Mr. Wiggins. I know probation has access. I know schools and police. Now, Captain Downing might know. He will be on the panel later.

Mr. WIGGINS. Thank you.

Chairman PEPPER. Thank you, gentlemen, very much. You both made excellent statements and we have benefited from your appearance.

Call the next witness, please.

Mr. Phillips. Mr. Chairman, the next group of witnesses are two groups of law enforcement officials, one from the Los Angeles County Sheriff's Office, and one from the Los Angeles City Police Department.

From the Los Angeles County Sheriff's Office we have Chief Sherman Block and his two assistants, Lt. James Cook and Sgt. John Nickols.

From the Los Angeles Police Department we have Commander Charles Reese, Capt. Stephen Downing, and Sgt. Gilbert Dominguez.

Would you please come forward?

Chairman Pepper. Gentlemen, we want to thank all of you for coming. Thank you for waiting.

STATEMENTS BY MEMBERS OF PANEL OF LAW ENFORCEMENT OFFICIALS:

CHARLES D. REESE, COMMANDER, ASSISTANT COMMANDING OFFICER, SPECIAL INVESTIGATIVE BUREAU, POLICE DEPARTMENT, LOS ANGELES, CALIF.; ACCOMPANIED BY: STEPHEN DOWNING, CAPTAIN, JUVENILE DIVISION; AND GILBERT DOMINGUEZ, SERGEANT, NARCOTIC DIVISION

BLOCK, SHERMAN, CHIEF, CORRECTIONS DIVISION, SHERIFF'S OFFICE, LOS ANGELES COUNTY, CALIF.; ACCOMPANIED BY: JAMES I. COOK, LIEUTENANT; AND JOHN A. NICKOLS, SERGEANT, NARCOTICS INVESTIGATOR

Mr. Phillips. Chief Block, I believe you have prepared a brief statement. Tell us essentially what the Los Angeles County Sheriff's Office does in relation to juvenile offenders with a drug abuse problem.

Mr. Block. Mr. Chairman, members of the committee: On behalf of Sheriff Peter Pitchess, we welcome you to Los Angeles County and thank you for inviting our participation in these hearings. Sheriff Pitchess regrets that he was not able to appear in person, but while are here from Washington, D.C., he is in Washington, D.C., participating in a series of important meetings relating to the administration of justice.

I would like to comment at this time, even though it has resulted in our waiting a long period of time to testify, that we want to commend the members of the committee for their obvious interest in the problem that is being discussed here today. This has been evidenced by the indepth questioning that has gone on with the prior witnesses.

The problem of drug abuse among young people, both in and out of school, is an area that has been and continues to be of great concern to the sheriff's department and, indeed, to all members of this community. We are witnessing a tremendous increase in violent crimes among school-age youngsters and, without question, many of the incidents have their roots in the sale and/or use of illegal drugs.

We are submitting to you a report that will cover a number of areas relative to the youth drug problem and which includes statistics, trends, educational and crime prevention programs, and a discussion of our program for the diversion of selected juvenile offenders from the criminal justice system.

This diverse program is basically a program where we have researched and established contact with approximately 100 agencies within the community that are capable of handling the kind of problems that we encounter in law enforcement where young people are involved.

Our department handles about 26,000 juveniles each year, arrest of 26,000 juveniles. It is our goal to be able to divert at least 10 percent of the total each year.

Currently for this year we won't quite reach that goal, but we will be up around 2,000 diverted.

These are youngsters who never entered the criminal justice system beyond that initial contact with our officers. Some of these people were youngsters who would have otherwise been counseled and released with no further action; other of these youngsters who have been diverted are youngsters who would have been assigned to the probation department under what we call "nondetained petitions."

Mr. PHILLIPS. On that particular point, I think your report also disclosed almost 1,400 youngsters in that program. Is that correct?

Mr. BLOCK. Right. At this time there are over 1,400 that have been involved.

Mr. PHILLIPS. Thank you.

Mr. WIGGINS. I would like to interrupt. What keeps them in this program? What hold do you have over them?

Mr. BLOCK. We don't have any hold over them. These youngsters are referred to these agencies who have a record of success in certain areas and I suppose if "hold" is the proper word or "threat," if they are not successful and do not respond they become a matter for our attention at another time and are then handled through the existing criminal justice system.

Mr. WIGGINS. If they become involved a second time with the law, you would not go back or perhaps you would go back and consider an arrest on the offense that brought the child to your attention in the first place?

Mr. BLOCK. You mean go back and charge them?

Mr. WIGGINS. I would like to know if this becomes a sort of informal condition of something like probation. The condition that they enter and maintain themselves at a program. Failing that, you do something.

Mr. BLOCK. These persons if they have been involved in an activity that would under ordinary conditions result in their being detained in a juvenile facility and going to the juvenile court through the system, we do not divert these people. We divert those people who are one step lower and try to get to them and help them before they reach that point, where they become a proper subject for incarceration, juvenile court trial, and have custody after that point.

Mr. WIGGINS. I am not quite sure, but let me see if I understand.

The youngster is called to the attention of the law enforcement officer, the sheriff, because of either his belief or the belief of the school official that the youngster may have committed a crime. The sheriff may be fully justified in making a formal arrest on the basis of what he has observed, but in some cases he doesn't do that. Is that correct? Instead a judgment is made that this individual ought to be diverted from the normal channels of the criminal justice system into an effective community-based program of some sort.

Mr. **Block.** No. These are not decisions that are made by our arresting officers, our officers on the streets. This youngster may be arrested, taken into custody. We then have juvenile officers who are assigned to each of our station facilities who are expert and experienced in handling juvenile matters. These are the people who will make the determination as to diversion or exactly what process best suits this particular situation and this particular individual juvenile.

Mr. **Wiggins.** If a young person is evaluated on that basis and is found to be a fit subject and he tells you, in effect, "no," then what do you do?

Mr. **Block.** It depends on the seriousness of the activity. If the individual was a subject who would have been counseled and released anyhow, because he or his parents reject, that would then be a case of handling him differently because of an attitude, you know, or contempt of cops so to speak, as they talk about. We can't base any realistic program on that kind of thing.

Mr. **Wiggins.** If he accepts and never shows up, you don't do anything more except wait for him to fall again?

Mr. **Block.** I believe we have 15 percent or so who have now shown, who have not responded. It is probably a combination of the youngster himself and the parents who have not properly responded.

If this individual's contact and the way he was handled had an effect which would remove him from a subject who will come in regular contact with law enforcement, then the purpose has been served. If he did not respond, then he will come into contact with us again.

Mr. **Wiggins.** One final complete question and you certainly can proceed. Do these statistics maintained by the sheriff reflect that an arrest for drug abuse has been made, even though the arrestee ultimately is diverted?

Mr. **Block.** Arrest, yes.

Mr. **Wiggins.** The arrest statistics would reflect those included in the diversion program?

Mr. **Block.** Right. These arrests would be recorded in the central juvenile index.

Mr. **Wiggins.** And would be recorded for statistical purposes in all of these statistics we have seen? I was concerned that there was a false picture of the number of arrests by reason of the diversion program, but that is not so, if I understand your response.

Mr. **Block.** The arrest statistics are a separate kind of statistics. Arrests are all kept as arrests. How they are ultimately handled is differently.

Mr. **Phillips.** As I understood, reading the material you submitted to me and discussions with some of the staff, that when a person is diverted, he is not considered an arrestee.

Mr. **Block.** He is a detainee.

Mr. **Phillips.** He is not recorded as an arrestee statistically. Someone is nodding his head "yes."

Mr. **Block.** It all depends on what kind of statistics we are talking about. This person is detained and released. In formal arrest statistics you are right. If we were to handle statistics of those who were arrested and charged, that would not show up.

Mr. PHILLIPS. But there is a difference between those arrested and charged, those picked up on the street and detained and released?

Mr. BLOCK. If an individual is counseled and released, diverted, not put through the criminal justice system in any way, that becomes a separate kind of statistic.

Mr. WIGGINS. The former answer was not correct, then, is my understanding of it. The arrest figures which we have for narcotics related offenses in Los Angeles County do not include the diverted cases.

Mr. BLOCK. The ones we have submitted showing juvenile arrests do not include the diverted juveniles. These are the figures supplied by our narcotics bureau and these were the ones handled by them, the diverted youngsters were not.

Mr. PHILLIPS. I think what we are trying to get at, really, is the true picture of narcotics incidents would be the diversion cases plus the arrest cases.

Mr. BLOCK. Right. All diversion cases are not drug cases.

Mr. PHILLIPS. Insofar as drug cases.

Mr. BLOCK. Right.

One other point we would like to make on the diversion process, and that is, there has been a great deal of discussion about funding and creation of new positions and persons to handle certain functions and so forth. Our people who are involved in the diversion process believe very strongly, and we support, the concept of a purchase of service concept, wherein a fund will be retained by the Government. Say that the law enforcement agency or the school district identifies a youngster that is in need of assistance. They will have available to them, as we do in the diversion program, a number of community-based organizations which are already in existence, operating primarily with volunteer workers. This youngster would be directed to that organization and the Government, on the basis of a statement submitted by the law enforcement agency or the school district, would send this particular agency a sum of money to cover that particular youngster.

You talk about a question of how do we evaluate success. This would require a continual, ongoing evaluation, because the agency that directed that youngster will know whether they have been successful or they have been unsuccessful and it would not necessitate laying out huge sums of money and creating new organizations and then after the expenditure of many millions of dollars trying to evaluate and make a determination whether they are or are not successful with these young people.

Mr. PHILLIPS. Commander Reese, could you give us your views on drug abuse among young people?

Mr. REESE. If I might, I would like to define our role for putting into perspective what is available to the committee.

I am acting commander of the bureau of special investigations which includes our narcotics divisions, administrative and enforcement. Captain Downing is the head of our juvenile division and has considerable study and experience in the area of the criminal justice system as it pertains to juveniles.

Mr. PHILLIPS. Just in relation to that, does your juvenile division have an educational program and counseling program?

Mr. **Reese.** If I may, I will cover the aspect of the educational program as I go along.

Mr. **Phillips.** All right.

Mr. **Reese.** Sergeant Dominique is a long-time juvenile narcotics investigator. He has been a member from the enception of the old juvenile narcotics squad a number of years ago and is presently an administrative member of our audit staff which goes about the city evaluating the level of juvenile enforcement and narcotic enforcement.

We also welcome this august committee to the city and share the concern of the committee regarding the problem on narcotics and dangerous drugs and our attitude might be classified as cautious optimism overall.

We don't regularly deal in assigning narcotic officers to schools. Our concern with the drug problem comes from being summoned to the schools as to the juvenile narcotic problem by school officials in order to handle drug offenders and being asked to present drug awareness programs for teachers and students. In attempting to determine the magnitude of the drug problem and better deal with it, we have gathered opinions of those coming into frequent contact with drug abuse in the school and have charted the incidence of drug abuse among juveniles during the last 10 years.

During the decade of the 1960's, juvenile narcotic and drug arrests in the city of Los Angeles increased more than tenfold. Statistically, the year of 1969 was the peak year with 7,840 juvenile arrests. During this 10-year period, there was an increase in all categories of juvenile narcotics and dangerous drug arrests. Marihuana arrests increased to 10 times the 1960 level, dangerous drug arrests increased to 11 times the earlier level, and heroin arrests increased 178 percent during the same period.

Viewing the arrest statistics only, it appears that there has been a decrease in juvenile drug abuse since 1969. Juvenile narcotic and drug arrests decreased in 1970 to 6,065 from the previous total of 7,840, a decrease of 22.6 percent. Adult narcotic and drug arrests for the same period decreased only 2 percent. In 1971 the total juvenile narcotic and drug arrests dropped to 5,123, a 15.5 percent decrease, while adult narcotic and drug arrests for 1971 increased 1 percent. Current arrest figures indicate a 16-percent decrease in juvenile narcotic and drug arrests and a 15-percent increase in adult narcotic and drug arrests for 1972.

The California Welfare and Institutions Code requires that police departments report all narcotic arrests to the school district where the subject is attending school. Statistics received from the Los Angeles Unified School District reflect a decrease of student arrests reported by law enforcement. I mention this because the school district does not have the same periphery as to the areas policed by the Los Angeles Police Department, there being a slight difference.

Mr. **Phillips.** In relation to those statistics on decreasing arrests, we have a report here from the drug abuse council for the entire county and their analysis of these statistics you have just quoted, and they have the exact number you quoted, is, they feel, the reason there is a reduction in school arrests is that there is a growing reluctance on the part of school officials to call in law enforcement. And yesterday we had some testimony from a principal who said the policy had changed over the years, that at one time the police had been called in and now there is some discretion in that area.

Has that been your experience?

Mr. REESE. If I may, I cover that also, because we have several sources from which we have drawn data and opinions. A couple of them, although subjective, we think are quite valid. If I may, I will cover it a little later on.

In fiscal year 1969–70, a total of 6,639 student arrests were reported by law enforcement. The following year, a decrease of 20.5 percent was noted. An even greater decrease of 36.5 percent was noted in fiscal year 1971–72.

Several reasons has been advanced for this decrease. Some school administrators explain the decrease by suggesting that students have become more sophisticated in their drug use, making such use more difficult to detect. Others attribute the decrease to a tightening of school security. One of the more prevalent explanations offered is that the educational programs conducted by the Los Angeles School District have resulted in decreased drug use.

Some enforcement officers believe the statistics show a decrease because some school administrators are not reporting many of their drug problems. If true, conceivably these administrators display a somewhat understandable, if not justifiable, reluctance to risk censure for not effectively dealing with the problem internally. Accordingly, they may tend to report only a portion of the drug problem.

Interviews with informants and undercover police officers may offer enlightening information. The following observations were, in fact, gleaned from such interviews.

Some of these are what they have observed and others are incidents which might put into perspective the gravity of the problem.

(1) Sixty to seventy percent of the students in some schools use marihuana or dangerous drugs either experimentally or daily.

(2) Marihuana and dangerous drugs can be purchased on most campuses if one has the connections.

(3) One 16-year-old youth was arrested at his home with 22 ounces of marihuana, 2 ounces of hashish, 4 ounces of cocaine, and $1,000 in cash. He admitted selling drugs on campus and indicated that 20 other students were doing the same.

(4) A student told of seeing 10 to 12 1-ounce sales of marihuana on campus in a 30-minute period.

(5) Students report using drugs (barbiturates and marihuana) on campus—in parking lots, restrooms, open areas on campus, et cetera.

(6) Undercover officers report that some teachers take little personal interest in their students and thus do not take notice of apparent drug abuse.

The Narcotic Education and Training Detail of the Los Angeles Police Department has conducted numerous interviews with administrators, teachers, and students in all areas of Los Angeles. Almost without exception, those interviewed had the feeling that the problem has abated since 1968–69. A counselor at a teen center stated she had observed a reduced number of persons on the street and at the center who were under the influence of narcotics and dangerous drugs during the last 2 years.

Recently the Los Angeles Police Department conducted a school narcotic usage survey at the 122 secondary schools in the city. Representatives at each school were contacted to make an evaluation of the narcotic problems that confront their schools. The survey indicates a citywide decrease in narcotic activity among students on campus. Noticeable narcotic problems were reported in 10 of the 62 high schools and in five junior high schools; however, no problems of major proportions were reported in any of the schools. Six high schools and 10 junior high schools reported no usage. The survey also revealed that limited use of marihuana and dangerous drugs is indicated in approximately 80 percent of the schools.

A consensus of school and law officials is that most high schools have some narcotics and dangerous drugs on campus. They feel that the degree of abuse varies, with some schools appearing to have noticeable problems and others experiencing only minor problems.

One opinion source in which our department places much credence is that of the police officers who teach "the police role in government" in various high schools and junior high schools about the city.

This is what Mayor Yorty referred to when he assumed I had testified before he came in. These are full-time police officers in uniform, teaching full time in the schools. They are not teaching primarily narcotics but they do teach the police role in government and as having some degree of expertise, they do notice what is going on. It is their consensus also that there has been a general decline in drug use on and around campus. We presently have 10 officers so assigned and will soon add 20 more to the program. One of the officers so assigned was formerly and undercover narcotic officer and made numerous purchases adjacent to the very school at which he now teaches. He states unequivocally that when he was undercover 2½ to 3 years ago, sales of illicit drugs were being made almost openly on the sidewalks adjacent to the school. Now such traffic is nearly nonexistent; but he, like the other officers, states that marihuana smoke can be smelled in most restrooms and many halls in the high schools. Probably the most significant, universally endorsed impression that the officers reported was that the presence and depth of the drug problem on a school campus was related directly to the attitude and strength of the school administrator. If the administration has a hard-line attitude against drug use, the teachers usually reflect it and drug activity is minimized. If the administration is laissez-faire, there generally is a disinterested attitude by some teachers and even a few who decry the prohibitions against marihuana.

The Los Angeles Police Department has been active in a formalized drug prevention program since 1969. During that year, the police department conducted a teachers awareness program for all the secondary school teachers in the school district. This program presented the various narcotics and dangerous drugs, methods of packaging, and the symptoms of drug users and other problems which might be encountered by the teachers.

Since that time the department has cooperated with the school district in presenting programs for teacher inservice training, parent-teachers associations, elementary, junior, and senior high school groups, and other youth groups. During 1972, the education and training officer of administrative narcotics division has conducted such programs before more than 100 groups. A recent inservice program was conducted by the school district for approximately 400 teachers. I think that is something like 1 percent of their total. Additionally, community relations officers, youth services officers, divisional narcotic officers, and uniformed officers have conducted awareness programs.

It may appear from the last statement that much is being done in the way of drug abuse education and prevention. It is true that there is much being done, but much more is needed. Knowledge of drug abuse on the part of the majority of the teachers in the school system is extremely limited. And though several factors point to decreased drug abuse in the schools, there exists strong opinion that the problem has not abated to the desired extent. Our opinion is that the incidence of drug abuse is significant enough to warrant increased attention to the promotion of drug awareness, especially among teachers. Our concern that the juvenile drug abuser be identified and thereby directed to sources of aid stems from our belief that the problem of drug abuse in our schools is, indeed, serious and in need of increased attention and appropriate action.

Thank you.

Mr. PHILLIPS. I have only one question. Can you tell us when was the last time your particular office conducted an undercover operation in the schools comparable to the ones we have seen recently in Los Alamitos?

Mr. REESE. Those come as needed. We presently have officers, I think we have one whose main mission now has been directed, because of activity, he is concentrating on two specific schools. He is undercover.

He has noted some traffic in and around a high school, but that isn't his predominant assignment. It is ongoing.

Mr. PHILLIPS. When was the last one completed that resulted in an arrest?

Mr. REESE. We just finished what we called a roundup in which we had some 300 warrants.

Sergeant Dominguez, do you know how many?

Mr. PHILLIPS. I am asking when it was conducted in the school, not a roundup of 300 school students?

Mr. REESE. Oh, yes. That was part of the roundup. There were members of the juvenile school system wherein part of the warrants were issued; some were "Joe Doe" warrants because the fellow is not identified until photographs are taken.

Mr. PHILLIPS. Could you answer this question?

Have you conducted a recent undercover operation in a school district in Los Angeles city, and when did it begin and when did it end?

Mr. REESE. We are talking in two different spheres. We do not primarily direct drug undercover investigations in schools.

Mr. PHILLIPS. You haven't done that? Did you do it or didn't you?

Mr. REESE. We did not direct one in that area by undercover drug officers.

Mr. PHILLIPS. The next question is this:

Assuming that you did, is it your opinion what happened in Los Alamitos could be duplicated in high schools here in Los Angeles City?

Mr. REESE. I think it has been.

Mr. PHILLIPS. Thank you. That is the only question I have.

Chairman PEPPER. Mr. Wiggins?

Mr. WIGGINS. Thank you, Mr. Chairman.

I would like both the sheriff and representative of the L.A.P.D. to respond to this. Have you had a relationship with Miles Ambrose's Office of Drug Abuse Law Enforcement (DALE) program here in the Los Angeles area?

Mr. WIGGINS. Will you describe the nature of that relationship? What is happening? Either one of you.

Mr. REESE. It is a contributory thing. Prior to DALE being installed in any given area—and we are one of the target cities—the Federal Government makes a request of the concerned agency and both the sheriff's office and the Los Angeles Police Department have contributed 14 investigators and one lieutenant on a matching-fund type of basis to the DALE task force.

The DALE program is comprised also of State narcotic officers and those from other agencies throughout this area.

Their primary and initial concern was to make investigations of street-level peddlers and bring them before grand juries in order to trade upward, to have an investigating grand jury. Thus far, they have had less of that activity than they have had of having the capability of discerning rather large-scale operations and making arrests pursuant to that. But we are all involved.

Mr. WIGGINS. How about the sheriff's office?

Mr. BLOCK. Yes; we also have 14 deputies assigned and a lieutenant, the same number L.A.P.D. has.

Mr. WIGGINS. What is your assessment of that program? Is it a worthwhile effort?

Mr. BLOCK. I think it is too new, really, to evaluate this thing adequately. One thing that Mayor Yorty touched on earlier, in this particular area, is we have had a high level of multiagency cooperation. Commander Reese and I were both involved in the inception in this narcotic intelligence network which includes the sheriff, L.A.P.D., State, customs, and Bureau of Narcotics and Dangerous Drugs, where we have worked as a single unit, a single team, zeroing in on major drug traffickers and offenders in this area.

So I think that I can say, without fear of contradiction, that DALE will not be as effective in this area as they may be in other areas, because of the multiagency approach that has existed in this area.

Mr. WIGGINS. In effect, there has been a DALE program by another name going on in this area. Is that what you are saying?

Mr. REESE. With one exception, that we have some 60 percent of the salaries of those officers allocated to DALE paid by the Federal Government, which, in effect, really gives us 60 percent more officers that we can put to our narcotic force on our own agencies, and we still have a localized effort by DALE.

So there is an overlay, which is beneficial.

Mr. PHILLIPS. Is that LEAA money?

Mr. REESE. Yes. The money, while it is a Federal organization and you can't allocate Federal funds to a Federal organization, it is allocated to the State and through CCCJ, the funds come down to and are allocated, I believe, through the attorney general's office.

Mr. WIGGINS. Back to the diversion program for a moment. When a youngster is arrested—and I take it he is arrested when he is taken in custody and brought to the station, even though he has not been formally booked—a discussion has to occur with this young man as to whether or not he is a fit subject for diversion, either at that time or a particular time in the future. Do you feel obliged to give these suspects, arrestees, any type of *Miranda* warnings and, if so, have they availed themselves of the opportunity to have an attorney present during these conferences?

Mr. **Block**. Mr. Wiggins, I would like Lieutenant Cook to comment on the diversion program. He is our representative who is directly involved and works full time with the program.

Mr. **Cook**. Yes, sir.

What actually occurs is this would, for all practical purposes and intents, be a standard arrest. At the time and at the sheriff's station when a young person is brought in he is advised of all of his rights. We handle this no different than any other juvenile arrest. However, the juvenile investigator—we have juvenile specialists in our department and they review his records—talks with the young person, oftentimes contacts the schools, and then brings in the parents, either one or both and, at that time, if he is a fit subject for diversion, the diversion program will be explained to him.

Now, if the parents agree, the young person agrees, and the juvenile officer decides to let him be diverted to a community agency, they all sign a waiver and a contract.

Mr. **Wiggins**. What do they waive?

Mr. **Cook**. Well, they waive their right to have us release some basic information to the community resource regarding the facts and circumstances surrounding the arrest and some of the information the juvenile officer has already gleaned.

But the thing is, we are only going to release to the community those young people that have parents that want them to participate in this program, that show the proper attitude toward trying to complete the program and indicate an intention of going through with it.

So what has happened, and our statistics hold this up, is we lose, actually, very few of these people once they start with the community agency. But, again, that varies with the quality of the community agency. Some community agencies show a very, very high level of performance and others show a very low level of performance.

But this program is strictly voluntary. If they do not complete the program, we don't go out and attempt to refile a petition request. What we do is simply contact them once, in some instances, and after that we close the file.

But the people we are releasing are mainly those who would have been counseled and released with no further followup anyway, or they are the very minor offenders who would have been given nondetailed petitions.

Mr. **Wiggins**. Have we been advised of the number of diversion cases per year through the county system?

Mr. **Cook**. We had a goal this year of 2,600, or roughly 10 percent of our total arrests. However, we will fall short of that and will come in with about 2,000 this year. The last fiscal year, prior to this year, we diverted 1,000 young people to a hundred different community-based agencies. And we have had no unusual incidents over this entire program.

Mr. **Wiggins**. Is there still a program in the Los Angeles city police system?

Mr. **Downing**. I am Stephen Downing, L.A.P.D., commanding officer of the juvenile division.

We practice diversion in a form, so to speak. I think we have to understand the concept of diversion. I don't particularly agree with it in the form that it is currently practiced by law enforcement agencies. Diversion has become a national strategy. It is encouraged by the Federal Government, it has been encouraged by various Presidential commissions.

Mr. **Wiggins**. How is the Federal Government encouraging it?

Mr. **Downing**. Through the President's Commission Report——

Mr. **Cook**. The President's Crime Commission Report.

Mr. **Downing**. The President's Crime Commission Report encourages diversion from the juvenile justice system. It is interesting to note—this is why I disagree with the philosophy of diversion as it is practiced, and encouraged—the view is that the measurement of a successful diversion program is the number diverted and I heartily disagree with that. The success of a diversion program is based on the subsequent recidivist experience you have with the minor. And too many people today are on the diversion bandwagon, using that evaluation criteria.

We do practice diversion in the Los Angeles Police Department. The program that Judge Libow described is a diversion program. Under the welfare and institutions code, the police have the authority, the discretionary authority, to either release a minor upon his arrest, or to deliver him to the probation officer.

Mr. **Phillips**. Mr. Bark, who testified here earlier, felt there was some law which precluded that. You say the law provides the police agency or school agency can do this?

Mr. **Downing**. No. When an arrest is made of a minor, the policeman has the discretion to either release the minor or to file a petition requesting the probation department to file a petition with the juvenile court. In the area of release, we exercise that discretion of referral. The comment has been made that many children are counseled and released by the police. Well, what that means is that the juvenile investigator, after the subject has been arrested, sits down with the child and his parents and discusses the case with them and, really, the investigator makes an evaluation himself. I am not too sure a police investigator is qualified to make that kind of evaluation, but we do it. He makes an evaluation as to whether or not those parents are capable of dealing with this minor on this particular pattern of behavior that has developed. The counseling and release category is usually one that is used on the first arrest.

As an example: Last year the Los Angeles Police Department arrested in excess of 30,000 juveniles. Approximately 30 percent of those arrests were in the counsel-and-release category.

Mr. **Wiggins**. Before the youngster is diverted, do you require that he admits to the validity of the arrest, the circumstances which prompted the arrest?

Mr. **Downing**. No.

Mr. **Wiggins**. What if he contests that issue?

Mr. DOWNING. It is our belief that if a child is charged with a crime and he denies that he did commit the crime, he should have his day in court. However, that doesn't mean he will get his day in court, because the probation department also exercises a very wide range of discretion as to whether or not to take this child to the juvenile court. As a matter of fact, it doesn't matter whether the child denies or admits, they can take him to court or they can put him on a program of supervision that is provided.

Mr. PHILLIPS. They also have a diversion program, don't they?

Mr. DOWNING. They do engage in referring wards—they engage in programs of voluntary supervision, where the probation department, themselves, do the supervision. Diversion is kind of an anomaly. If we had a better system, it is my opinion that the ward, upon first arrest for a felony, should be taken to the juvenile court and he should be given his constitutional guarantees and his case should be properly adjudicated under the law. And then if the case is sustained, the court should place the ward on probation, with specific conditions of probation and then divert him to a program of counseling, or a program designed for whatever his needs are.

The reason I say that is because whether or not the police divert or once the probation officer diverts or whatever they do, there is no one in authority in the system until you get to the juvenile courts. And I think when a minor engages in criminal behavior, the juvenile court should guide his behavior after that. We can seek treatment for him, we can provide him all sorts of programs, but while he is in those programs, he should be under the conscious realization that there is a judge watching after him that has some authority.

Mr. WIGGINS. I can understand that point of view. It really, in a sense, is giving your answer to a question I asked about the hold you had on them. You would put a hold on them by actually processing them and making them subject to the orders of the court.

This postarrest and prediversion interview that goes on in the sheriff's department and to some extent in the L.A.P.D. as well, does not evolve issues of guilt or innocence or even a likelihood of proving what the police believe to be a solid arrest; it merely assumes that fact, does it not, for purposes of the discussion?

Mr. BLOCK. Not really. The minor under law, upon arrest, is advised of his constitutional rights.

Mr. WIGGINS. I appreciate that.

Mr. DOWNING. He is Miranda-ized, and there are efforts to discuss the case with him and if he chooses to not discuss the case and if he chooses to have an attorney, it stops there. Of course, there is an evaluation that is made. If it was a very minor thing there are many crimes where you don't need the child to admit because of the observations of the police officer.

Mr. WIGGINS. The final series of questions, and I will be very brief.

There has been much discussion across the country about the wisdom of the decriminalization of certain acts of misconduct which are presently crimes. The most typical examples used are three in number. They are so-called victimless sex offenders—I say "so-called," because society, itself, is the victim—they also involve the chronic drunk and frequently in that category is lumped relatively minor drug offenses.

I would like the judgment of the panel on whether these ideas, which I know you have all heard, which provide for the administrative as distinguished from the criminal handling of these matters, would be in the public interest.

Mr. BLOCK. We have some very strong feeling in our department as to the myth of victimless crimes, because we strongly believe that there is no such thing as a victimless crime. In the case of drunkenness, this is an area in Los Angeles County where out of 202,000 adult bookings in the county jail last year, some 86,000, or 43 percent, involved alcohol. Over 50,000 were plain drunks and some 36,000 were drunk driving.

We support the concept where plain drunkenness is involved, where the individual has not committed any other act that would be judged as criminal, to have some alternative to the criminal justice system. We believe that we would still have the responsibility of removing these people from the streets if that is where they were. But we would prefer to have some place where we could deposit this individual under the custody of trained professionals rather than booking him through the criminal justice system.

So we support that concept in the area of drunkenness.

We do not support this concept in the area of the sex offenses that you talked about, or in the area of drug offenses. We believe that decriminalization is not the answer in those particular cases because of a multitude of ramifications that would develop.

Chairman PEPPER. Excuse me. Does that include marihuana?

Mr. BLOCK. Yes. We would oppose the decriminalization of marihuana. We support the status in California where a judge has the authority and the option, based upon all of the facts as they are presented to him, to make a determination as to how the case should be handled. Prior to that time, the district attorney in Los Angeles County has established certain de minimis rules, where very, very small amounts are not even pursued as prosecutable offenses. But persons are arrested for these violations.

Mr. WIGGINS. I was waiting for the L.A.P.D. to answer.

Mr. REESE. I think as to the plain drunk and the decriminalization of others, I think we are almost on a parallel basis. Especially as to marihuana, there has been much in the President's Commission that followed the 1960's riots, wherein much was said about a lack of attention to police discretion in the administration of justice. And we think that the interplay that goes on between our police agencies and our prosecutor's agencies in agreeing in certain cases to misdemeanor or to the de minimis rule in not prosecuting some offenses, I think this is a perfect example of the proper use of police discretion in conjunction with the judgment of the prosecutors.

Also, we would endorse the idea that the judges have a perfect right in the minor cases to make an adjudication as to how deeply involved the individual is.

Because this panel is oriented to juveniles, however, I would like to say that one of the things that is a constant worry to me in observing the drug scene is that there is seemingly a fixation on substance and that bothers me greatly, especially from the standpoint of what it does to the developing juvenile. The use of narcotics, dangerous drugs, doesn't occur in a vacuum. It occurs because people are around other people who use them. The child on the farm has nil possibility of becoming addicted to or using drugs. The fact is, that there are certain hero-types and many of these are young adults or college students and so on.

We have found, as a matter of actual experience, that the drug culture—and I specifically refer to it as a subculture in our society—is a group that both use and abuse and deal in these substances. We found one instance in which a probable cause for the arrest or entry into a house was comprised of an undercover officer going with a high school student to a house in Hollywood Hills and he bought a jar of a thousand amphetamines. That was a probable cause to enter. Upon entry, we find five people sitting around a coffee table in the living room, cutting up 14 ounces of heroin, pure white heroin—not Mexican heroin. We held them at that point and had to get search warrants, which took some time. But upon searching the house, we came upon another 9 ounces of cocaine, 250 "spots" of LSD, some 80,000 ampetamines and barbiturates.

Mr. WIGGINS. Stop there. I am interested in the impact of *Chimel.*

Mr. REESE. As I say, after entering and observing——

Mr. WIGGINS. Did you just place a status quo hold on everything in the house and then go down to get a warrant to search the rest of the house?

Mr. REESE. That is correct.

Chairman PEPPER. You held them, wouldn't let anybody leave the room? Did you handcuff them or just threaten them that you had a weapon?

Mr. REESE. Anyone there that was within arms' reach or had the ability to have an effect on the evidence were arrested and their demeanor made it appear—yes, sir, they were forcibly detained. We asked for a consent search of the place and, naturally, we didn't get one.

Mr. WIGGINS. What were they asked to believe?

Mr. REESE. At this point, they were all under arrest.

Mr. WIGGINS. But, presumably, the home being the castle it is, he was not in your custody and he might have asked you to leave, notwithstanding the fact of his personal confinement. I realize it would have been an idle act.

Mr. REESE. But the findings of the law following *Chimel* have shown the natural course of events, for example, that probable cause necessary to stop and detain and question followed up by a greater probable cause to arrest, followed by entry into cars or domiciles and, ultimately, at this point there is, I believe, I can't quote you the case but we can hold everything in abeyance until we obtain a search warrant for the rest of the place.

Mr. WIGGINS. Even if toilets were flushing and people were scurring about upstairs—I don't want to get too far off—but it is a matter of some interest to me how *Chimel* may be interfering with the police and formal investigative procedures.

I guess you saw these people cutting up heroin in the living room and I take it then you would have ample authority to search within reason, at least in the living room. But I am not sure the rationale of *Chimel* would even permit you to go upstairs.

Mr. REESE. That is correct. However, it did permit the chasing of one arrestee down the hall to prevent a flushing.

Mr. WIGGINS. How did you get him to run down the hall in order to chase him down there?

Mr. **Reese**. I am not going to engage in that game. As a matter of fact, there have been instances in which an officer had to stand at a given point in an arrest and be aware there was other evidence being ferreted away or being lost. And there have been others in which they have taken a chance and tried to be more forceful and more probing in their investigations and we lost cases therefore.

But, yes, *Chimel* is a definite problem.

Mr. **Block**. It would be permissible even under *Chimel* to go through the crevice looking for other persons in reasonable places where persons might conceal themselves to make sure no one else was present. Then even if you had to secure the premise from outside, once you were satisfied no one was inside who could, in fact, destroy any other evidence that might be available, if that were the case, you could secure it from the outside and not let any persons enter.

Mr. **Wiggins**. I don't want to get too far diverted to that subject. It is a fascinating subject and one perhaps this committee, or Congress, ought to do a lot of thinking about.

But we were addressing ourselves to decriminalization.

Mr. **Reese**. My point here was that out of nine arrests that ultimately came from that location, there was not one of them that was over 30 years of age. Most of them were either college age or university students or dropouts and they had started their activities from $5,000 that one child or young adult's parents had given him to come to California to enter UCLA to become a student. And they had gone down to Mexico, purchased marihuana, came up and peddled it, continued on and it became a sort of small syndicate.

I am saying there is a drug culture and I say marihuana and dangerous drugs and acids and hallucinogens are a part of that and that it is a portion—marihuana is a portion—of that culture that has an attraction for the young high school student who is attracted by this, what they term "hip group," college students or young adults.

Mr. **Wiggins**. In some you support the position of the sheriff with regard to decriminalization?

Mr. **Reese**. Absolutely.

Mr. **Wiggins**. Each answer raises another question. My vague recollection of the current status of the law is the result of a case arising out of California that said you can't punish a person who is an addict. That addiction is a medical condition and it would be cruel and inhuman, if not unusual, to put a sick person in jail by reason of his sickness.

Now, it is the law in California that a person under the influence of drugs may be guilty of a crime.

As a practical matter, how do those things live side by side? Does it raise a problem? If a person is known to you to be an addict and you find him to be under the influence, do you overlook that case?

Chief **Block**. He is charged criminally under the fact that he is under the influence. There is no charge, criminal charge, that is placed declaring him an addict.

Mr. **Wiggins**. Is it a defense to the criminal charge, that he is an addict?

Mr. **Block**. No; because most addicts prefer not to raise the question of addiction and perhaps line themselves up for a civil commitment, which may result in an extended stay in the narcotics rehabilitation center.

Mr. Wiggins. That is all.

Mr. Reese. Which, incidentally, sir, civil rehabilitation commitments are a slightly maligned and much neglected process in this State. We have it, it is still a possibility but it is a means of diversion, if you will, under very careful court scrutiny. And I think the sheriff will agree—we talked about it before—that given the proper funding and so on, the civil rehabilitation commitment program in the State of California can be a very good one.

Chairman Pepper. Mr. Winn, do you have a question?

Mr. Winn. I would like for one of the gentlemen to answer this question: What types of juvenile crimes are on the increase, and do we get any clue they are tied in with drug usage?

Mr. Downing. We have been quite active in this area lately. In the Los Angeles Police Department during the past year, we have developed what I refer to as a hard-core file. The intention in developing this file was to bring the hard-core problem to the attention of the probation department, which is the agency that has the discretion, in terms of bringing a matter before the juvenile court and an agency that recommends dispositions to the juvenile court.

Now, when you talk about what kind of crimes are on the increase to date this year, as compared with last year: In the area of homicide arrests, total homicide arrests increased 8 percent; juvenile homicide arrests increased 62.7 percent.

In the area of robbery: Total robbery arrests increased 2.9 percent; juvenile robbery arrests increased 50.1 percent.

Aggravated assault: Total arrests, 3.9 percent increase; juvenile arrests 24.6 percent.

Our biggest concern is in the area of violent crime. Now, this hard-core file that I mentioned contains to date—let me find a figure so I am exactly accurate—723 names. Each subject in that file has been arrested for one or more of those violations in the assault category except for murder. Not all of them have been arrested for murder although many of them have. Those 723 subjects are representative of 8,948 arrests among them.

Mr. Winn. Do you have a percentage of how many of those arrests are drug related?

Mr. Downing. OK. Before coming to the committee today, I made a random sampling of this file. It was very random. We picked the seventh card throughout the file, and of those measured, 40 percent had arrests involving drug possession or use in some form.

Mr. Winn. Those were arrests alone?

Mr. Downing. Pardon me?

Mr. Winn. Your only barometer there were the arrests. In other words, 40 percent had been arrested for drug sale or drug usage.

In other words, I am saying there is possibly another percentage over and above that, that were drug related somewhere, but that have never been arrested.

Mr. Downing. They have never been arrested, yes. That is very true.

Mr. Winn. Would you care to hazard a guess, since we have been guessing a lot of this stuff for 2 days, on what total percentage of those crimes were committed by people with drug-related reasons?

Mr. Downing. Let me give you an example, if I may, and you might measure it from your own standpoint. This would have to do with an addict.

When I was a commanding officer of detectives in West Los Angeles, we apprehended a man that had been out of county jail for a total of 40 days. He was an addict. He started fixing again about a week after he got out. During that period of time, he perpetrated, as I recall, something like 30 burglaries. I recall that the total property valuation of those burglaries was $12,500 in these 41 days he was out of jail.

I went back and looked at his history. He was a cooperative-type of burglar. By that I mean when he is apprehended he clears paper for the police agency. He tells them what burglaries he has perpetrated knowing that they can't prove it in court. I went back and during the year 1970, this addict was on the street for the entire year burglarizing. He averaged three to five burglaries per day. Just in the area of West Los Angeles division for the year 1970, that man was individually responsible for 14.5 percent of the total apartment burglaries and 4.5 percent of the total burglaries in the West Los Angeles division.

If you are familiar with Los Angeles, that takes you from Los Cieniga to the beach and from the Mulholland Range over to the Santa Monica Freeway, generally. It has a population of 230,000 people, I believe.

Mr. WINN. Why are these kids carrying guns? What is their intent? What do they need a gun for?

Mr. DOWNING. To kill people.

Mr. WINN. Not threaten but really seriously——

Mr. DOWNING. Many carry guns because they want to protect themselves from others that have guns. To protect themselves from those that would shoot them.

Mr. WINN. Is this tied in with the drug traffic?

Mr. DOWNING. I think drugs can be related. The problem is that we can't statistically demonstrate it but when we have gang activities, we have kids that are high. When we have gang activities, we have kids that are holding guns.

Mr. WINN. This is more because of a gang routine thing?

Mr. DOWNING. It goes further than that. California is pretty fouled up in the area of juvenile justice. Los Angeles County is worse. And in my opinion, what has brought about the large-scale violence in this city we have experienced recently, is a gradual buildup over the years of the hard-core offender in our communities.

The hard-core offender, such as those described in the file of 723 subjects, represent almost 9,000 arrests among them. The juvenile court law, the original philosophy of the Juvenile court law, the *Gault* decision, legislative patchwork since then and the concept of diversion as it is practiced, these have all contributed to a hard-core buildup.

And most recently, in 1966, the institution of the State probation subsidy funding encourages the counties to—I believe the legislative intent was noble in that they saw a gradual reduction in State institutional commitments, but what has occurred, rather than the subsidy moneys being used to deal with the early offenders, such as effective, professionally run diversion programs, the practice in this county was to cause an immediate reduction in youth authority commitments by retaining the hard-core youth in so-called intensive supervision subsidy programs and creating a revolving-door situation where the youths are continually turned back to the community.

We have youths that have as many as 28 and 30 arrests that are arrested again and are not brought before the juvenile court.

So, over the past few years, we have had this buildup, and in my opinion we have had an infection take place in the community; an infection by the hard core. By that I mean, as an example, I studied the first seven gang-related homicides that occurred in the city of Los Angeles. In those seven homicides, there were 28 individuals arrested. Of the 28 arrested, 16 had never been arrested before in their lives, but the other 12 had among them 128 arrests. My theme here is that the 12 infected the other 16, influenced them and caused them to become involved in very vicious crimes.

Mr. Winn. The trouble is those 12 might have been the heroes of their high schools, too, because they carried guns. They might have been bigger, tougher.

Those 12 are the heroes of the high schools because they have been continually able to involve themselves in serious crime, to be apprehended and to be back on the streets the next afternoon, with virtually no constraints put on them.

And the justice system in this country is a joke in terms of juveniles because it does not make a distinction between the early offender who needs treatment and the hard-core offender.

What is your gun registration law? Is it tough like New York's, or do you have any at all?

Mr. Downing. It is not like New York's. Maybe you would like to comment on that.

Mr. Block. There is no mandatory gun registration law in the State of California.

Mr. Phillips. Even a minor can carry a gun?

Mr. Block. Well, purchasing a gun and possessing a gun, no person has a right to carry a concealed weapon on the streets. A minor cannot purchase a gun, but any person may possess a firearm in their own home. There is no mandatory registration.

Mr. Phillips. You can't carry but you can possess.

Mr. Block. You can possess, right. This is an area that has been discussed quite widely, and the sheriff I work for has been very vocal in attempting to promote firearms control in another area.

If I may come back: You asked the question if drugs are related to these crimes of violence, and I submit that be it drugs, be it burglary, be it homicide, be it any of these criminal activities perpetrated by the young people, that they are all related because I think they are all part of and the result of a prevailing attitude and a system that allows it to occur without control, without restriction.

Mr. Reese. Mr. Winn was attempting to discern whether or not there could be a demonstrated correlation, and only recently we got into an area where the parameter as drawn on the study could be attacked on the basis of their being stratified, and deliberately stratified. Recently we made a sampling, and it was, I am quite sure, a valid sampling, of two different groups, one being those persons arrested during a specific nonindicator time. It wasn't during Christmas when crimes were high or during summer when crimes were low or whatever. Also, those persons on probation for narcotics.

And we took the results of our study to the statistical section, both USC and Pepperdine University, and had them verified, and there is an extremely high correlation between narcotic addiction and crimes against property. Those crimes against property we took as those repressible by police activity, robbery, burglary, burglary of autos, and theft of autos.

Mr. WINN. Thank you very much.

This committee, of course, is the Select Committee on Crime, and a lot of people wonder why we are talking about the use of drugs in the schools. But this bears out exactly why we have spent so many hours looking into this because we all feel there is a definite strong correlation. A lot of people have made statements all over the country and in the news media, but we wanted to get the information.

I appreciate you gentlemen having been so helpful to prove our case, really. We know it, but we need statistics, and you have been very helpful. Thank you.

Chairman PEPPER. Just one or two questions, gentlemen. I have generally heard and very often used the figure that over half of the violent crime is committed by people under 24 years of age. Is that substantially accurate or not?

Mr. BLOCK. Well, I am not certain on the exact percentages, but I would venture a guess you are not far wrong, that a very high percentage of all crimes committed in this country is by young people. And the average age of people in our custody—we have 10,000 inmates on any given day within the county jail—is under 30.

Mr. PHILLIPS. Mr. Chairman, the last time I looked at that subject, it was 54 percent of the crimes committed by people under 25 years of age.

Chairman PEPPER. The other assumption I have been going on is that roughly 50 percent of the violent crimes is related to drugs in some way or other.

Mr. REESE. That was what I was addressing myself to with Mr. Winn and, that is, that those studies that have been done heretofore have been highly suspect by different individuals in society. That is, those that are extrapolated by law enforcement are under suspicion by persons who aren't necessarily in agreement with us in philosophy and so on. Then there are other studies of what happens during probation and parole. We find reason to fault them, due to a bad population drawing. In other words, our disagreement is as to populations.

And I believe we are now on the right track, and this is a preliminary study and we are going to try and pursue it further. All we are waiting for is the OK of our chief to do so.

Chairman PEPPER. Would you care to give any rough estimate as to what percentage of violent crime is related to the use of drugs?

Mr. REESE. These were crimes against property which include burglary, robbery, theft, and burglary from motor vehicles. That does not include assaults and so on, so you would have another category there. But we found as high a correlation of 61 percent of all persons arrested for narcotic violations have also committed crimes. This shows, if you take it in a chi-square figure, to a correlation as to what you would project, that means you get 0.001 area of significance, meaning there is one chance in a thousand that occurs by chance; 999 chances that it occurs for a reason.

Chairman **Pepper.** With respect to crimes against property, it is a little over 60 percent if you include crimes against persons. It would run up considerably higher, wouldn't it perhaps, drug related?

Mr. **Block.** The thing is, persons who are using drugs or narcotics regularly have a habit that they must support. They must secure the funds in some fashion to support that habit, and the usual way is to commit crimes against property. To acquire either money, or property that can be easily converted to money.

Chairman **Pepper.** Is it accurate to say that in the opinion of experienced law enforcement officers, probably in excess of 60 percent of the violent crimes committed against persons and property is drug related?

Mr. **Block.** I don't say we could say that percentage with any degree of accuracy, but I think it would be fairly accurate for the total of persons and property.

Chairman **Pepper.** Yes. That is what I mean.

Mr. **Downing.** When you speak of drug involvement with crime against persons, we would probably have to make a distinction as to whether drugs were involved at the time the crime of violence occurred.

Chairman **Pepper.** I use the term in the broader sense. That is, he is committing crime to get money to buy drugs, or a result of being under the influence. There are some drugs that stimulate violent activity. He is under the influence of a drug that tends to excite him to violent conduct. Any kind of drug relationship. Relatively approximate cause of the fact is what I am talking about.

Mr. **Reese.** I have a strong gut feeling you are right, but I would hate to defend those statistics to behavioral scientists.

Chairman **Pepper.** At least I could say over 50 percent with pretty good reliability. Or more than 50 percent of the violent crimes is probably related to drugs in one way or another.

Mr. **Block.** I would like to change your statement a little in that many of the people who prose the decriminalization of the use of drugs present the argument that the crimes are committed because persons are attempting to support a habit. Give them the drugs they need and these other crimes will disappear.

I submit that there is ample proof to show that persons under the influence of drugs, however they were obtained, are certainly capable of violent crimes.

Chairman **Pepper.** Gentlemen, we are running way late. I just want to ask you one other question.

Do you gentlemen believe, out of your experience, that it would be possible if we could put the best-designed programs that we can contrive into operation in the schools to reduce the number of people who have become addicted to drugs or persist in the drug addiction?

Mr. **Block.** I believe that very strongly. I think that most of the programs that exist now in the area of education are after the fact. They are too late. They attempt to impart new knowledge, they attempt to change attitudes, they attempt to change behavior. I think it is much easier if we can instill knowledge, develop attitudes, and direct behavior before they are fixed in this other path.

Chairman Pepper. Commander, do you have any comments on that?

Mr. Reese. Only with the proviso you make sure they are administered properly.

We find it is not the funds, it is not the substance, but the precision and strength of the administration of the program that spells its success or failure.

Chairman Pepper. Yes. I would like to hear about it. Yesterday, there was a gentleman—I said I would like to see some innovative and imaginative high school principal really see what could be done at his school—and this gentleman said he was presenting one, he was that kind of a man. I would certainly like to see a principal put into effect. not only these rap programs in the schools, but develop play programs in the afternoon; things like Mr. Patterson had here, teaching them music and choral activity; and more athletics, and that sort of thing, to pep the whole school program. Something to excite the interest of the youngsters. The trouble is these poor fellows don't have the personnel ordinarily to run those programs and they don't often have the money to run them.

But I wish somewhere in the country, some fellow would really gain national recognition by contriving a program that could really be a model to the country, to show you what you can do with an ordinary average group of boys and girls.

Any other questions?

Gentlemen, we want to thank you very much.

Mr. Phillips. Mr. Chairman, all of these gentlemen have been exceptionally cooperative with the staff throughout the entire investigation, and without their assistance we couldn't have come half the way we have.

Thank you very much, gentlemen.

Chairman Pepper. We thank you for everything you have done to help us in these hearings. We appreciate it.

(Mr. Block's prepared statement follows:)

Statement by Sherman Block, Chief, Corrections Division, Sheriff's Office, Los Angeles County, Los Angeles, Calif., Presented on Behalf of Peter J. Pitchess, Sheriff

Mr. Chairman and Members of the committee: On behalf of Sheriff Peter Pitchess we welcome you to Los Angeles County and thank you for inviting our participation in these hearings. Sheriff Pitchess regrets that he was not able to appear in person, but while you are here from Washington, D.C., he is in Washington, D.C., participating in a series of important meetings relating to the administration of justice.

The problem of drug abuse among young people, both in and out of school, is an area that has been and continues to be, of great concern to the sheriff's department and, indeed, to all members of this community. We are witnessing a tremendous increase in violent crimes among school age youngsters and, without question, many of the incidents have their roots in the sale and/or use of illegal drugs.

We are submitting to you a report that will cover a number of areas relative to the youth drug problem and which includes statistics, trends, educational and crime prevention programs, and a discussion of our program for the diversion of selected juvenile offenders from the criminal justice system.

The people here with me, whom you have met, are experts in the areas of narcotics enforcement and juvenile diversion and we are prepared to respond to any questions you may have in these areas.

BUREAU OF CRIMINAL STATISTICS—STATE AND LOS ANGELES COUNTY

MARIHUANA

(Marihuana, hashish, hashish oil)

Sale, Furnishing, Possession/Sale, Possession, Cultivation

1971:	
State	18,454
County	7,002
1972 (6 months):	
State	9,446
County	3,218

The marihuana arrest statistics would generally indicate that the use of marihuana, which peaked in 1970, leveled off in 1971 and has remained at the same general level in 1972.

DANGEROUS DRUGS

(Amphetamines, barbiturates, LSD, DMT, STP, PCP, MDA, DET, etc.)

Sale, Furnishing, Possession/Sale, Possession, Sale to Juveniles

1971:	
State	11,127
County	3,978
1972 (6 months):	
State	4,081
County	1,584

Dangerous drug arrest statistics, peaked in 1969, with 1972 arrests falling approximately 40 percent.

OPIATES

(Heroin, cocaine, codeine, other classified narcotics except peyote)

Sale, Furnishing, Possession/Sale, Possession, Sale to Juveniles

1971:	
State	875
County	225
1972 (6 months):	
State	490
County	204

Throughout the state, the opiate arrests have fluctuated during the past four years while in the total Los Angeles County area, the trend has been downward. However, the 1972 statistics in both county and state indicate that arrests will increase greatly in this category over the 1971 figures. The county should experience approximately a 50 percent increase, while the state will be up approximately 12 percent.

OTHER

Peyote charges; driving under influence of narcotics; driving under influence of dangerous drugs; unauthorized prescriptions; forging prescriptions; maintaining place (heroin and marihuana); being in a place (heroin and marihuana); sale of substance in lieu of narcotics or dangerous drugs; paraphernalia; illegal use under influence of narcotics; all misdemeanor offenses (drugs)

	Total
1971:	
State	4,344
County	1,399
1972 (6 months):	
State	1,827
County	309

Other classification arrest statistics for the various narcotic offenses peaked in 1969 and have decreased approximately 40 percent in the past four years. The county statistics has decreased approximately 65 percent.

SHERIFF'S DEPARTMENT

The statistics reflected below do not include those arrests by the department of juveniles diverted from the system. Total county and statewide statistics, depending on the reporting department, may reflect otherwise.

MARIHUANA

(Marihuana, hashish, hashish oil)
Sale, Furnishing
Possession/Sale
Possession
Culivation

	Total
1971	1,896
1972 (9 months)	1,566

Marihuana statistics for the first nine months of 1972 seem to be indicating a trend that marihuana arrests by this department will exceed the 1971 arrests. The overall county and state arrest statistics will probably decrease from the 1971 figure.

DANGEROUS DRUGS

(Amphetamines, barbiturates, LSD, DMT, STP, PCP, MDA, DET, etc.)

Sale, Furnishing
Possession/Sale
Possession
Sale to Juveniles
Driving Under Influence of Dangerous Drugs

	Total
1971	1,246
1972 (9 months)	477

Dangerous drugs show a definite falloff in 1972 from the peak period in 1969 and can be attributed to some degree by the inability to purchase them on the street, possibly due to vigorous law enforcement in this area of drug abuse.

OPIATES

(Heroin, cocaine, codeine, peyote, all other classified as narcotic)
Sale, Furnishing
Possession/Sale
Possession
Sale to Juveniles
Driving Under Influence of Narcotics
Illegal Use/Under Influence of Narcotics

	Total
1971	50
1972 (9 months)	26

The opiate arrests by the department indicate in 1972 that they will be lower than in 1971. Local figures are in contrast to statistics from statewide and total Los Angeles County, which indicate that 1972 will experience a measurable increase in opiate related arrests. Vigorous law enforcement by the department has been effective in this area.

OTHER

Paraphernalia; maintaining a place; being in a place; prescriptions; bringing contraband into jail facility; parole violations; federal violations

	Total
1971	321
1972 (9 months)	202

Other classification statistics, which include a multitude of individualized type charges, seem to indicate that 1972 will be equal to or surpass the 1971 statistic. This too is in contrast to *statewide* and total *county* arrests which have experienced a decided decrease during the past four years.

JUVENILE—CRIME PREVENTION AND EDUCATION—IN THE SCHOOL

Perhaps one of the most innovative programs for drug abuse education in the United States occurs in Los Angeles County. The sheriff's department has selected qualified representatives of law enforcement, properly credentialled and carefully trained, to participate in the general education of students in the school system from kindergarten through high school.

Adopt a Deputy.—This program is geared for the elementary school student who is visited regularly by a uniformed deputy who introduces the student to his uniform, his equipment, and some of his explainable techniques in the areas of crime prevention and safety. The student learns to know the deputy on a first name basis, asks questions and gets answers for the inquiring young mind. This is an ongoing daily program in our county school system.

Student and the Law.—This program is geared for the junior and high school student to acquaint him with the uniformed officer and his law enforcement responsibilities. The student is introduced to the basic laws related to him and his peer group, is apprised of the process by which we get our laws and a complete review of the criminal justice system and how it is related to him. Representatives of specialized units of the department are brought into the school and speak before the student groups. Drug abuse education is part of this specialty presentation with available counselling to those who seek it and proper referral to those who need it to related treatment programs.

Other.—This department also engages in a program similar to the "student and the law" for the adult school population and is available in the evening division of schools and colleges. The subject matter taught to this group is called "the challenge of crime in a free society." Also included in the curriculum are special presentations from representatives of specialized units from the department. These include narcotics and drug abuse programs.

Department representatives are presently engaged in a pilot program of introducing narcotic and drug education to certain selected teacher groups. It is hoped that this program will be spread to such an extent that it will cover all teachers engaged in the instruction of students in this county from kindergarten through high school.

JUVENILE DIVERSION—A LAW ENFORCEMENT DELINQUENCY PREVENTION TECHNIQUE

This is a Los Angeles County Sheriff's Department and County Department of Community Services effort. It is intended to provide the most effective, and mutually beneficial, prevention effort directly applicable to the citizens of Los Angeles County. Its success includes 1400 youthful offenders diverted to 100 different community-based agencies and organizations for treatment and help. This diversion program was developed to improve community resources specifically for the use of law enforcement. It has become the most logical element of effort in recommending and implementing programs designed to prevent recidivism with our youth. It eliminates pit falls, and substitutes constructive non-stigmatizing assistance to the youth. Through community treatment, government expenditures for treatment in the criminal justice system will be reduced. It will enhance the law enforcement image, as it is a positive prevention technique that will build lasting and viable bridges to the community.

Mr. **Phillips.** The next witness is Mr. Bruce Baumeister, president of the Association of Juvenile Court Lawyers. He is accompanied by Mr. Roy Dankman.

Chairman **Pepper.** We are certainly imposing on you gentlemen. We are sorry, and we will try to be as brief as we can. We want you to tell your story.

STATEMENT OF H. BRUCE BAUMEISTER, PRESIDENT, ASSOCIATION OF JUVENILE COURT LAWYERS, LOS ANGELES, CALIF.; ACCOMPANIED BY ROY DANKMAN, ATTORNEY

Mr. **Phillips.** Mr. Baumeister, I want to thank you for coming. I think you are doing work in the court system defending youngsters who get into trouble and I think you do it on a voluntary basis. And your associate is Mr. Dankman.

Mr. Baumeister. I would like to say we can only actually relate to you what comes within our experience. I want to mention about Mr. Dankman, first, because I think Mr. Dankman, without a question, is one of the most knowledgeable attorneys in juvenile work in the greater Los Angeles area.

We have a system in our juvenile court practice where we have conflict attorneys. In other words, where a public defender's office represents a defendant. Due to the fact we only really have one public defender, they can't use different deputies to represent different defendants, so the judge will appoint a conflict attorney. These conflict attorneys work at very low pay. One of the problems we have is that it doesn't pay enough professionally to represent juveniles, as a rule, so you have very, very few attorneys that want to get into the act.

Mr. Dankman, himself, spent almost 2 years representing juveniles, almost on a daily basis. He represented juveniles and I would say 10 to 15 to 20 a day which is a tremendous number. I also represented these minors. They are made up, basically, of Negroes and chicanos and whites who can't afford attorneys. A year and a half ago I had the opportunity to become a referee so I am a part-time judge about 3 days a month.

So we are all talking of our own experience.

I would like to make a few comments and then I think we can open up to certain questions you might have. Based upon my experience—because that is all we can talk about—there have been some very significant remarks made about the education system. In fact, the sheriff's department and the L.A.P.D. made significant remarks in that respect and, that is, we are a little beyond education being a solution to a certain extent. There is no question in my mind, and I get this from talking to youngsters, I think you can find out by talking to your own children, et cetera. The children in school are very knowledgeable. They know what is going on. They know who the pushers are. Even the teachers know who the pushers are.

So there is no secret as to who they are. The teachers don't want to become involved and one of the reasons I think they don't want to become involved is very little is done with the pusher. That is one of the remarks made by Dr. Ungerleider, which is one of the most significant remarks of all is the difficulty combating the peer pressure. These kids are afraid not to become involved. They actually cannot withstand being drawn into this.

As to educational literature, I believe, I get this from talking to kids, they don't get anything out of the educational literature. I think it is the parents who have to be educated. I have talked to judges, I talked to persons in high positions, their kids are on marihuana, they are on other pills, and they don't know how to talk with them. They don't know how to rap with them. I think there is not enough discussion in the home. Bearing in mind what your probe is, the extent of the problem and the size of the problem and recommendations for more effective solution, it seems to me, there are only two or three sources to go after.

One, of course, would be to stop the pills at the source. That is really, as far as the Congress is concerned, if they could license the pharmaceutical houses like other manufacturers and distributors are licensed. In other words, there is a great excuse about how the pills get down to Mexico and they come back into the country and nobody therefore has any control. I can't believe you couldn't stop the source there.

The next thing is to take these guys, and whoever is doing the pushing in the high schools, the kids know, take them out of the community. They should be put away for a period of time, because that would create enough interest, I think, in the teachers to do something about it. Because they know the pushers come right back in school.

Then the third thing, I think, is in all of the training programs we have, we take them into camps, we do this and that, but we put them back out in the same environment with no education. If we are going to spend congressional funds, it would be a great thing, I believe, in spending moneys toward giving a trade to these boys and when they get back out in society, they have an education. I can get into that a little later, after some things I am trying to push, but I thought Mr. Dankman might make a few comments.

Mr. PHILLIPS. Mr. Dankman, would you please comment to the general opposition to the extent of the problem and how you see society can cope with it better.

Mr. DANKMAN. I would like to indicate to the committee in addition, primarily, to practicing law with juveniles, I am also heavily involved in the Optimist Club and was past president of the Los Angeles chapter. The motto of the club is "A Friend of the Youth," and I am involved with the programs at the street level.

One of the feelings I have is why the captain can tell you he has got 793 boys with 9,000 arrests is we are not doing anything with them after we bring them into the juvenile court.

I might also preface my remarks by saying a lot of the things I say here are my own personal opinions, that I would not necessarily make under the law as it stands if I am defending a person in court. I, too, feel that the system is ludicrous in its handling of narcotic pushers. The young Mexican who came in the airplane at Los Angeles Airport and spoke over the the radio for 2½ hours was just sentenced to 25 years in Federal prison. Very few pushers in California are sentenced to 25 years. It is absolutely unbelievable to take that position.

Once you stop the major sources then the rest of the problem is in the street. You take a young black boy out of Watts, send him to camp, give him a little dignity, show him what clean clothes are, getting up in the morning, brush your teeth, go to school, some of them graduate as the mayor of the camp, he really has some pride about himself, he is doing something. What do we do? We send him right back down to the same environment.

I am presently representing a young fellow on a murder charge which arose when he was high on reds. I have been on the case for 3½ years. This young man was in the California Youth Authority and I have documents from the youth authority that show each time he was subject to parole they said "do not send him back to Pomona, he is living with an aunt and uncle on welfare, high crime rate," blah, blah, blah. Where did he go each time he was paroled? Pomona, to the family on welfare.

So the problem is there, not in the fact we take them into the court system, we take in these kids, there are some 44,000 kids go through the Los Angeles Juvenile Court. You put them on probation. I talk to kids who have no idea who their probation officer is. They have been on probation for 6 months and have no relationship whatsoever with the probation officer.

The families are not involved. It is down at that level. Youth authority pays the county $4,500 per youngster on the county level under intensive supervision.

Believe it or not, in one case I had, they said the young man failed on intensive supervision. They recommended he go to the juvenile court. I went out to see the probation officer and said, "Let me see the report, let me see how he failed."

It turns out that the first month he was on probation, he saw his probation officer 3 hours. He was told to come in and sit here for 3 hours and see me three individual times. He sat the first two for 2½ hours and then got bored and left. He missed a couple of other appointments. The probation officer goes on vacation, and at the end of the summer he is arrested and the situation is he failed under intensive supervision.

My feeling is, take the probation office, separate the officers who write the reports from the supervision officers. Get those supervision officers into the neighborhoods, get them at the schools, get them where the young men can really begin to relate to this officer. If he has to find a phone to call a probation officer who is busy and may not be in, maybe have to travel 20, 30, 40 blocks to get to him, there is no rapport up there.

I also feel that parents don't get involved often enough. I often felt when a minor is arrested, they ought to bring the parents down. Saturday night many parents are called, come get your youngster, "We will pick him up later." They are taken uptown to juvenile court. Wednesday comes, there is a hearing and the parents take the kid home.

Mr. PHILLIPS. One of the things you pointed out, you were defending a person charged with murder, a young fellow under the influence of reds. Do you find that many of the people that you are called on to represent in violent situations like that have had reds or some other drug?

Mr. DANKMAN. I would say most of them use it at one time or another. I do not think I can really say that during the actual instance they were under the influence but they are all very conversant about it and are all using it.

Mr. BAUMEISTER. And are involved in the culture at the time.

Mr. PHILLIPS. A little girl who attends school in Los Angeles told me, the first time it occurred to me, she said, when people taking these drugs and they are short on them, they are jumpy and agitated and sick and more apt to react violently to criticism or abrasions than they would if they weren't on the drug. It seems to me for a young girl, it was a very sensible opinion to have. You haven't seen that?

Mr. DANKMAN. I think I can go along with that. I just finished a murder trial a few weeks ago and this murder arose when one car passed another—there was a party going on and one group got out and talked to the other and the story we got from the witnesses, a lot of this didn't come into court, was this one fellow that ended up getting stabbed was just screaming. Nobody could calm him down but yet—I can't really recall the coroner's office found any trace of barbiturates, although a sample was taken, I don't think it was analyzed in this particular case.

I can agree with that, there is some of that, but a lot more of that is the idleness and the words they are using now, the mucho, he is going to prove himself a man.

I feel if you are going to do anything for them, you have to get them at the street level. This can be an academic program for a kid 4 years behind. We have had 16- and 18-year-olds born in Los Angeles who cannot read when they come to court. I had a teacher telling me one time during a teachers strike, one of these things cut out of his budget was "Popular Mechanic" subscriptions. He said he could get a young black boy to open up the magazine and thumb through it and work around the shop. He was reading a book. If he goes to the English class, he was so far behind, it was a different world for him, so he cut class all of the time. Those are the problems we are not getting at; that is, the kid in trouble.

We find in the Optimist Club we can get street level projects going, but if we want any money we stand on the street corner and sell raffles for $1 a piece and I have done it many times. We count the money out of our own pocket.

In West Los Angeles, the community relations officers will come to us—one example, they had a group of young Mexican boys and wanted to make a basketball league out of it, had a suggestion that if they had some shirts that had their names on it, it would give them some identification. We paid for the shirts, also gave them each a little trophy and took a picture of them at the end of the season. Some Catholic organization. I can't remember the name. Those youngsters had a sense of achievement. They were walking a quarter of the block to the police station to rap with the police officers. Yet, most of those kids had brothers or fathers who were in State prison. Those are the kind of programs that we need.

I was appalled to find here a police department that has 5,800 officers and only has 10 officers assigned to the 49 high schools teaching class. I just can't believe that more of those officers can't be on the campus to build up a rapport rather than show up at the time they are ready to make an arrest or quell a disturbance.

Mr. PHILLIPS. You might be surprised to learn the Los Angeles County Grand Jury says those 10 people are carrying the heaviest burden in the educational system, so those 10 you are complaining about are the first line of defense.

Mr. DANKMAN. I am saying, why aren't there more. I agree. You don't need additional appropriations for those kind of programs.

Chairman PEPPER. Mr. Dankman, what do you propose should be done for these students, the young people that get into trouble?

Mr. DANKMAN. The first thing—a probation officer who has 70 wards, you may as well forget putting them on probation—they have to have fewer wards for probation officers.

Chairman PEPPER. I know that. But assuming that you had a proper number of probation officers, I am asking what kind of a program can we provide for these boys?

Mr. DANKMAN. Mainly, you need work programs. They all need money, all of the kids want money. They have to get involved with programs similar to "juvenile achievement," where they might even run their own business. They have to learn some skills and get some jobs. An aerial space engineer is laid off and the government will pay half of his salary to be retrained. We asked a number of times in Los Angeles, some of the merchants were willing to hire the boys and we couldn't find money to make up the salaries until they do get some training.

The youngster that comes out of the probation camp, if he can't come out with a job and the direction to go, maybe a halfway house, he is going to go right back into the problem. He has got to keep active. He has to have sport programs. They have been cut out, the band programs and other programs. We tried them at the local level. People who can get the local programs going. Lions Club and Optimists have no place to go to get any money except to raise it on their own.

So a lot of these programs will fail, but they have constructive programs where they are taking the kids and doing something with them rather than telling them, "You are on probation." I think the kids want honesty, they want to be able to sit down and talk. At one school we locked the door and talked about narcotics. The principal heard about it and "blew his mind." That was the end of the program. But if the officers are on the campus, the probation officer is there, you are going to get that rapport.

But the other problem you need is manual training for most of these kids, assistance in getting a job, an athletic program. You have a high school with several thousand students but only 40 students make it on the football team. The other kids never get the fun of putting on a uniform. Perhaps programs in that area would keep them occupied. If he is tired, you won't get him running on the streets.

Mr. **Baumeister.** We have two problems. One, taking care of the pushers involved and also the rehabilitation program.

Now, one thought I had—and I wrote to Washington about it but never got a response—in so many communities the problem arises, the police do a great job in arresting and bringing them to court, but there is not much leniency by the judges, too many deals made. Now, it has occurred to me if we took our great store of outstanding attorneys, for example—we have some outstanding defense attorneys in Los Angeles—if the Attorney General, for example, were to set up a corps of defense attorneys all over the United States who would volunteer, most defense attorneys make a great deal of money and a lot of them could afford to go. For example, a special defense attorney would go to New York to prosecute a case. He is not involved in any of the local politics, he could be admitted to the bar on a special assignment and that Los Angeles defense attorney would make a great prosecutor in the case because many of the pushers are represented by outstanding defense attorneys and they are up against, many times, inexperienced prosecutors.

That is one thought I had as far as meeting that problem. As far as the rehabilitation program is concerned, if we are talking about the Government spending money, what Congress could do, Mr. Dankman and I went to—you were talking about giving money to schools rather than private industry—we went to view many of the pictures being made to combat drugs. One of the problems the films had, they have overplayed it, they have made things look too serious; that is, beyond medical and research findings.

Kids don't believe it. You are not going to stop their using marihuana that way. In fact, most of the kids on marihuana, as statistics will show, eventually phase out when they get involved in jobs. They can't do both, smoke marihuana and hold jobs.

Many films made by organizations are terrible films. They give the wrong impression for people that see them. The money going for funding for education, should at least go to those who are knowing, who know what they are doing.

Insofar as the rehabilitation program, if Congress could help fund money for the kids to be rehabilitated because when they get out, they need a trade. For example, I have tried to get a "cars for camp" program started. In going out to the various camps, I found out that some have a training program, a therapy program, where they teach the kids how to take dents out of cars. I went to Camp Fenner and saw it at that place and went to Camp Afflerbaugh and saw the same program.

I asked where did you get the cars, from the county? "No, we have only one wreck." What do you do? "We take the dents out and knock them back in." I went to the president of one of the insurance companies for help and it has taken about a year, first to get an opinion from the county counsel, so we can earmark the money that is going to be obtained for selling the cars. Now, the insurance companies have all gotten together, the big insurance companies in southern California are going to contribute cars that have been "totaled," and, in fact, have already started a program. The first one went into operation a few weeks ago. They give the cars to the camp and these boys work on something and they can see what they are doing. These cars are then going to be sold and the funds will be put in a special fund. If these boys get out they can get jobs, for example, in body and fender work.

I have been assured, for example, and now the camp is going to follow a suggestion I made that they give a certificate of excellence and any boy who gets the certificate of excellence, some of the bodyshops will give a job to that boy with the certificate.

What the Government could help fund would be some of these kind of aftercamp trades.

Congressman Waldie asked if the juvenile court system is a system to punish. It isn't, it is a system to rehabilitate the juvenile. So I think funds could be allocated toward the rehabilitation so the juveniles could be taught a trade. That is what they need, a trade when they get out. Otherwise, you ~~are~~ going to have all of the repeat cases and build up your hard-core criminal.

Chairman PEPPER. Gentlemen, this is a fascinating subject and I was just sitting here thinking what a vast program it would take to do anything like justice to the young people of this country. It would take fairly hundreds of millions of dollars, if not more. And it would take enormous effort. Yet, not doing it is costing this country more, except it is coming involuntarily from taxpayers who are assaulted and have their property taken away from them and the like.

Right now, we are in a mood in Washington to limit expenditures. Well, we are not limiting crime. This sort of thing has to be done if we are going to limit crime. But I hope some day maybe we could go back to the old CCC camp. It would serve a useful purpose.

I do think it is an outrage to allow these youngsters who have gotten up to an age of accountability to commit one crime after another, come back on the public. They might be given a second chance but somebody ought to teach them there is some authority they are going to have to bow to. They ought to be—well, I won't say that—but there are some things they ought to receive that would teach them some respect for authority and some penalty attached to that sort of crime.

Mr. Wiggins?

Mr. WIGGINS. No questions.

Chairman PEPPER. Mr. Winn?

Mr. WINN. No questions.

Chairman PEPPER. Gentlemen, we want to thank you very much. We could listen all evening to you all and anything you would like to write the committee, if you can sit down and contrive a program that you would like to summarize in a letter or memorandum, and send it to this committee, send it to me, if you wish to, and I will distribute it to the committee and to the staff. Or send it to the chief counsel. We would be glad to have it.

Thank you very much.

Mr. PHILLIPS. Thank you so much for waiting.

Chairman PEPPER. We have now concluded our hearing. I wish again the record to show our gratitude being expressed to the supervisors of Los Angeles County for their allowing us to have this splendid hearing room in which to conduct our hearing here. We wish again to express publicly our deep thanks to all who cooperated with us so much in this program.

Thank you. The hearing is adjourned.

(The following letter was received for the record:)

WEST COVINA UNIFIED SCHOOL DISTRICT,
West Covina, Calif., January 8, 1973.

MR. MICHAEL W. BLOMMER,
Associate Chief Counsel,
Select Committee on Crime,
Washington, D.C.

DEAR MR. BLOMMER: Following are the figures you requested relative to the survey of student use of narcotics:

SUSPENSIONS FOR USE, POSSESSION OR UNDER THE INFLUENCE OF NARCOTICS

	Number of pupils	Total days of suspension
School year:		
1970–71	6	35
1971–72	2	9
1972–73 (as of Jan. 19, 1973)	0	0

Total number of pupils arrested on narcotics charges as reported by arresting agents per education code section 10603 (non-school-related):

School year:	*Number of pupils*
1970–71	42
1971–72	40
1972–73 (as of January 3, 1973)	19

AVERAGE DAILY ATTENDANCE

	Elementary	High schoo
School year:		
1967-68	9,738	4,609
1968-69	9,473	4,766
1969-70	9,205	4,877
1970-71	8,961	4,941
1971-72	8,295	5,029

CLIFFORD S. THYBERG, Ed.D.,
Superintendent of Schools.

(Whereupon, at 6:10 p.m., the hearing entitled "Drugs in Our Schools" was adjourned, subject to the call of the Chair.)

The hearings entitled "Drugs in Our Schools" concerned the following six cities, the proceedings of each city being published in a separate volume:

	Pages
New York City, June 19-27, 1972	1-514
Miami, Fla., July 5-7, 1972	515-909
Chicago, Ill., Sept. 21-23, 1972	911-1214
San Francisco, Calif., Sept. 28-30, 1972	1215-1688
Kansas City, Kans., Oct. 6, 7, 1972	1689-1920
Los Angeles, Calif., Dec. 8, 9, 1972	1921-2281

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